

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90091 045 ****50.00

DOCUMENT # L04000064753 1. Entity Name VERO BEACH AUTO SPA, L.C.																																																																																																																					
Principal Place of Business 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477			Mailing Address 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																		
City & State			City & State																																																																																																																		
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																	
6. Name and Address of Current Registered Agent HYMAN, SHERRY L ESQ. 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and has it acceptable (NOTE: Registered Agent signature required when renewing)																																																																																																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																																																																																					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.																																																																																																																					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																					