


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90224 020 ***138.75

DOCUMENT # L04000093600

1. Entity Name
FRANK OWENS' AUTO CARE CENTER, LLC



Principal Place of Business
**352 SOUTH SUMMIT ST
 CRESCENT CITY, FL 32112 US**

Mailing Address
**PO BOX 407
 CRESCENT CITY, FL 32112 US**

2. Principal Place of Business - No P.O. Box #
220 1st Street, N.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 204
 Suite, Apt. #, etc.

City & State
Satsuma, FL


City & State
Satsuma, FL

Zip
32189

Country
Putnam

Zip
32189

Country
Putnam



03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number:
35-2234733

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, CECILE F
150 BASS TRAIL
CRESCENT CITY, FL 32112

7. Name and Address of New Registered Agent

Name
Langston, Cecile F.

Street Address (P.O. Box Number is Not Acceptable)
220 1st Street, N Apt A

P.O. Box
204

City
Satsuma

FL Zip Code
32189

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 Cecile F. Langston DATE 3/26/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	OWENS, FRANK D <input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 BASS TRAIL CRESCENT ESTATES	CRESCENT CITY, FL 32112	NAME OWENS, FRANK D	220 1ST STREET, N. APT A
CITY-ST-ZIP CRESCENT CITY, FL 32112		STREET ADDRESS SATSUMA, FL 32189	CITY-ST-ZIP SATSUMA, FL 32189
TITLE MGRM	LANGSTON, CECILE F <input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 BASS TRAIL CRESCENT ESTATE	CRESCENT CITY, FL 32112	NAME CECILE F. LANGSTON	220 1ST ST. N., APT A
CITY-ST-ZIP CRESCENT CITY, FL 32112		STREET ADDRESS SATSUMA, FL 32189	CITY-ST-ZIP SATSUMA, FL 32189
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Cecile F. Langston DATE 3/26/08 DAYTIME PHONE # 386-649-5669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE