

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90424 042 ****55.00

DOCUMENT # L05000026528

1. Entity Name

MASTERCARE AUTOMOTIVE, LLC



Principal Place of Business

1596 SW HUNNICUT AVE.
PORT SAINT LUCIE FL 34953

Mailing Address

1596 SW HUNNICUT AVE.
PORT SAINT LUCIE FL 34953



2. Principal Place of Business

1618 SE Village Green Drive
Suite, Apt. #, etc.
Suite # 7 & 8

3. Mailing Address

1596 SW Hunnicut Ave.

1st MOORE

CR2E083 (10/05)

City & State

Port Saint Lucie, FL

City & State

Port Saint Lucie, FL

4. FEI Number

20-2521932

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWLEY, EDWARD R JR.
1596 SW HUNNICUT AVE.
PORT SAINT LUCIE FL 34953-7006

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME HAWLEY, EDWARD R JR.
STREET ADDRESS 1596 SW HUNNICUT AVE.
CITY-ST-ZIP PORT SAINT LUCIE FL 34953-7006 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edward R. Hawley

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

Date

Daytime Phone #

2/27/06 772-335-2435