

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 15, 2006 8:00 am
Secretary of State

04-06-2006 90300 024 ****50.00

DOCUMENT # L05000050719

1. Entity Name

PORT CHARLOTTE CAR CARE CENTER, LLC



Principal Place of Business
341 THREE BRIDGES ROAD
HILLSBOROUGH NJ 08844
US

Mailing Address
341 THREE BRIDGES ROAD
HILLSBOROUGH NJ 08844
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2953085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

GURGOLD, ERIC
990 WEST MARION AVENUE
SUITE 201
PUNTA GORDA FL 33950

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 late applicable

(NOTE: Registered Agent signature required when cancelling)

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 ☐ Delete
NAME BUONVIAGGIO, CARLO
STREET ADDRESS 341 THREE BRIDGES ROAD
CITY- ST- ZIP HILLSBOROUGH NJ 08844

TITLE MGRM ☐ Delete
NAME BUONVIAGGIO, MILDRED F
STREET ADDRESS 341 THREE BRIDGES ROAD
CITY- ST- ZIP HILLSBOROUGH NJ 08844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

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: *Mildred Buonviaggio*

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

3-31-06

Date

908-369-8408

Daytime Phone #