


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90051 024 ***138.75

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

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 CARLO OR Mildred Buonviaggio Street Address (P.O. Box Number is Not Acceptable) 111 TAMiami TRAIL City Port CHARLOTTE FL Zip Code 33953	
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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 Mildred Buonviaggio Mildred Buonviaggio 2-5-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUONVIAGGIO, CARLO 341 THREE BRIDGES ROAD HILLSBOROUGH NJ 08844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUONVIAGGIO, MILDRED F 341 THREE BRIDGES ROAD HILLSBOROUGH NJ 08844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Mildred Buonviaggio 2-5-08 908-369-8408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #