## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000050719

Entity Name: PORT CHARLOTTE CAR CARE CENTER, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

341 THREE BRIDGES ROAD 111 TAMIAMI TRAIL

HILLSBOROUGH, NJ 08844 US PORT CHARLOTTE, FL 33953 US

Current Mailing Address: New Mailing Address:

341 THREE BRIDGES ROAD HILLSBOROUGH, NJ 08844 US

FEI Number: 20-2953085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARLO OR MIDRED, BUONVIAGGIO 111 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953 US

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.

SIGNATURE:

MANAGING MEMBERS/MANAGERS:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

## 3 3

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BUONVIAGGIO, CARLO
 Name:

 Address:
 341 THREE BRIDGES ROAD
 Address:

 City-St-Zip:
 HILLSBOROUGH, NJ 08844 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BUONVIAGGIO, MILDRED F
 Name:

 Address:
 341 THREE BRIDGES ROAD
 Address:

 City-St-Zip:
 HILLSBOROUGH, NJ 08844 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 OWNE 04/22/2009