


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90041 011 \*\*\*143.75

<b>DOCUMENT # L06000001099</b>	
1. Entity Name THE FIRST CLASS AUTO SPA, LLC	

Principal Place of Business 1667 SW HARBOUR ISLES CIR. PORT ST. LUCIE, FL 34986	Mailing Address 1667 SW HARBOUR ISLES CIR. PORT ST. LUCIE, FL 34986
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2. Principal Place of Business - No P.O. Box # 5834 NW Drill Ct	3. Mailing Address 5834 NW Drill Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34986	Zip 34986
Country USA	Country USA

60001116



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1765133	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MODESTI, MICHAEL 1667 SW HARBOUR ISLES CIR PORT ST. LUCIE, FL 34986
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7. Name and Address of New Registered Agent Name Modesti, Michael Street Address (P.O. Box Number is Not Acceptable) 5834 NW Drill Ct City Port St Lucie FL Zip Code 34986
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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 Michael Modesti DATE 1/11/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MODESTI, MICHAEL 1667 SW HARBOUR ISLES CIR. PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Modesti, Michael 5834 NW Drill Ct Port St Lucie FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Michael Modesti DATE 1/11/08