## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L06000006346

1. Entity Name

MERCEDES AUTO CARE AND CONSULTANTS, LLC



FILED Jan 31, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

5844 COMMERCE LN MIAMI, FL 33143

5140 SW 159 AVE MIAMI, FL 33185



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4084217 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAVIRIA, JORGE 9769 S. DIXIE HWY 101 MIAMI, FL 33156

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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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000807645

MANAGING MEMBERS/MANAGERS 9. MGR TITLE RUIZ, LESTER 5140 SW 159 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ·TITLE".... NAME STREET ADDRESS CITY-ST-7P

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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 any 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

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