

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006346

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** MERCEDES AUTO CARE AND CONSULTANTS, LLC

**Current Principal Place of Business:**

5844 COMMERCE LN  
MIAMI, FL 33143

**New Principal Place of Business:**

5844 COMMERCE LN  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

5140 SW 159 AVE  
MIAMI, FL 33185

**New Mailing Address:**

5844 COMMERCE LN  
SOUTH MIAMI, FL 33143

**FEI Number:** 20-4084217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ, LESTER  
5140 SW 159 AVE  
MIAMI, FL 33185 US

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

RUIZ, LESTER  
5844 COMMERCE LN  
SOUTH MIAMI, FL 33143 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: LESTER RUIZ

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RUIZ, LESTER  
Address: 5844 COMMERCE LN  
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby 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: LESTER RUIZ

MGR

04/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date