

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055087

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** CCW EXPRESS CARE VALVOLINE, LLC

**Current Principal Place of Business:**

10000 ARCOS AVENUE  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

10000 ARCOS AVENUE  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number: 20-4961379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JURSINSKI, KEVIN F ESQ  
7800 UNIVERSITY POINTE DR SUITE 200  
FORT MYERS, FL 33907      US

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

ALLISON, GENE  
20233 WILDCAT RUN DR  
ESTERO, FL 33928      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: GENE ALLISON

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ALLISON, GENE N  
Address: 20233 WILDCAT RUN DR  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: GENE ALLISON

MGR

05/01/2008

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