

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065654

FILED
Jan 12, 2009
Secretary of State

Entity Name: I CAR CARE, LLC

Current Principal Place of Business:

C/O CHARLES J. BONFIGLIO
2375 NW 49TH LANE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O CHARLES J. BONFIGLIO
2375 NW 49TH LANE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-5160843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WASSERSTROM, ELLEN
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BONGFIGLIO, CHARLES J
Address: 2375 NW 49TH LANE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: SOTO, RONALD
Address: 2801 SAGE WOOD DRIVE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: MGR () Delete
Name: MICHAEL, BIRNHOLZ
Address: 1540 NE 35TH STREET
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES J. BONFIGLIO

MGR

01/12/2009

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