2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L06000067860

Entity Name: FOSTER'S FAMILY CAR CARE L.L.C.

Current Principal Place of Business:

406 MADISON AVE STE 3
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

406 MADISON AVE STE 3
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 20-5085854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOSTER, JOHNNY JAMES
406 MADISON AVE STE 3
ORANGE PARK, FL 32065 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: FOSTER, JOHNNY JAMES
Address: 2752 RED BIRD LANE
City-St-Zip: MIDDLEBURG, FL 32043

Title: MGRM ( ) Delete
Name: FOSTER, SHARON EBERLE
Address: 624 S. EPPERSON ST.
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FOSTER, JOHNNY JAMES
Address: 8426 MCGLOTHLIN ST
City-St-Zip: JACKSONVILLE, FL 32210

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: SHARON EBERLE FOSTER MGRM 04/09/2009

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