

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060249

**FILED**  
**Aug 27, 2009**  
**Secretary of State**

**Entity Name:** EXPRESS CAR CARE OF PT ST LUCIE, LLC

**Current Principal Place of Business:**

2001 SE PT ST LUCIE BLVD  
PT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

990 SW HUNT CLUB CR  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 26-0370735      **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:**

BRECHBILL, MARK  
215 SOUTH FEDERAL HIGHWAY STE 100  
STUART, FL 34994      US

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

HOPSON, ROGER  
2001 SE PT ST LUCIE BLVD  
PT ST LUCIE, FL 34990      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: ROGER HOPSON

08/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOPSON, ROGER  
Address: 990 SW HUNT CLUB CIRCLE  
City-St-Zip: PALM CITY, FL 34990

**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: ROGER HOPSON

MGR

08/27/2009

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