2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L07000092181

Entity Name: SOUTH WEST FLORIDA NAPA AUTO CARE CENTERS LLC

Current Principal Place of Business:

3391 NINTH STREET N
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3391 NINTH STREET N
NAPLES, FL 34103

New Mailing Address:

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

Name and Address of Current Registered Agent:

CSOGI, WILLIAM
3391 NINTH STREET N
NAPLES, FL 34103 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:	MGRM	( ) Delete
Name:	ANCHOR RODE AUTO CAR, E	
Address:	3391 NINTH STREET N	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	COASTLAND AUTO SERVI, CE INC.	
Address:	5939 SHIRLEY ST	
City-St-Zip:	NAPLES, FL 34109	
Title:	MGRM	(X) Delete
Name:	CAPE AUTO CLINIC LLP,	
Address:	1006 S.E. 9TH LANE	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:	MGRM	(X) Delete
Name:	BAYSHORE TRUCK AND S, ERVICE CENTER I NC	
Address:	6371 BAYSHORE RD	
City-St-Zip:	FT. MYERS, FL 33917	
Title:	MGRM	(X) Delete
Name:	COLLISION REVISION I, NC.	
Address:	13081 METRO PKWY	
City-St-Zip:	FT. MYERS, FL 33966	
Title:	MGRM	(X) Delete
Name:	DAISY INC.,	
Address:	13335 DEL PRADO BLVD.	
City-St-Zip:	CAPE CORAL, FL 33990	

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:	
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: WILLIAM CSOGI MGRM 04/14/2008

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