2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092181

Entity Name: SOUTH WEST FLORIDA NAPA AUTO CARE CENTERS LLC

FILED Mar 23, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
3391 NINT NAPLES, I	TH STREET N FL 34103					
Current M	lailing Addres	s:	New Mailing Address:			
3391 NINT NAPLES, I	TH STREET N FL 34103					
FEI Number:	: 26-0873303	FEI Number Applied For()	FEI Number Not App	licable()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
CSOGI, W 3391 NINT NAPLES, I	H STREET N	S				
	named entity see of Florida.	submits this statement for the	purpose of changing	its registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	jent	Date		
MANAGING	MEMBERS/MANA	GERS:	ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () ANCHOR RODE 3391 NINTH ST NAPLES, FL 34	REET N	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGRM () NAPA AUTO PAI 1820 BOY SCOU FORT MYERS, I	JT RD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: 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: MATT WALKER MGRM 03/23/2009