

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092181

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**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:** 26-0873303

**FEI Number Applied For ( )**

**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  
Name: ANCHOR RODE AUTO CARE  
Address: 3391 NINTH STREET N  
City-St-Zip: NAPLES, FL 34103

Title: MGRM  
Name: COASTLAND AUTO SERVICE INC.  
Address: 5939 SHIRLEY ST  
City-St-Zip: NAPLES, FL 34109

Title: MGRM  
Name: NAPA AUTO PARTS  
Address: 1820 BOY SCOUT RD  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM  
Name: CHET'S COURTESY AUTOMOTIVE  
Address: 1863 TAMiami TRAIL N  
City-St-Zip: NAPLES, FL 34102

I hereby 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 - COASTLAND AUO SERVICE

MGRM

03/05/2010

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