


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90185 028 ***143.75

DOCUMENT # L07000125995			
1. Entity Name AUTO WIZARD TOUCHUP MADRIK, LLC			
Principal Place of Business 468 TERRANOVA STREET WINTER HAVEN, FL 33884		Mailing Address PO BOX 429 SEBRING, FL 33871	
NEW ADDRESS			
2. Principal Place of Business - No P.O. Box # 105 CITROEN DR. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 429 Suite, Apt. #, etc.	
City & State SEBRING FL.		City & State SEBRING FL. 33871	
Zip 33872	Country USA	Zip 33871	Country
6. Name and Address of Current Registered Agent GARCIA, RICARDO 468 TERRANOVA STREET WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name GARCIA, RICARDO Street Address (P.O. Box Number is Not Acceptable) 105 CITROEN DR City SEBRING FL Zip Code 33872	
4. FEI Number 74-3243426 Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
8. 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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE _____ DATE _____ <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, RICARDO PO BOX 429 SEBRING, FL 33871 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

