2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000088797

Entity Name: NAPLES PINE RIDGE AUTO SPA, LLC

Current Principal Place of Business:

4920 N. TAMIAMI TRAIL
NAPLES, FL 34103

New Principal Place of Business:

2630 PINE RIDGE RD
NAPLES, FL 34109

Current Mailing Address:

4920 N. TAMIAMI TRAIL
NAPLES, FL 34103

New Mailing Address:

2630 PINE RIDGE RD
NAPLES, FL 34109

FEI Number: 26-3398822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCHE, CHRISTOPHER A ESQ.
LAW OFFICE OF CHRISTOPHER A. ROCHE
229 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

IERARDI, AL
2630 PINE RIDGE RD
NAPLES, FL 34109 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: AL IERARDI 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: IERARDI, AL
Address: 4920 N. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Delete
Name: IERARDI, VINCENZA M
Address: 4920 N. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: IERARDI, AL
Address: 2630 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109 US

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: AL IERARDI MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date