

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092756

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: EXPERT CAR CARE 4, L.L.C.

**Current Principal Place of Business:**

2650 S ORLANDO DR.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

315 SPRING LAKE DR.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

315 SPRING LAKE HILLS DR.  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-3545780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SADA, JAMES  
315 SPRING LAKE DR  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

SADA, JAMES  
315 SPRING LAKE HILLS DR  
ALTAMONTE SPRINGS, FL 32714 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: JAMES SADA

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SADA, JAMES R  
Address: 315 SPRING LAKE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: SADA, DONNA M  
Address: 315 SPRING LAKE HILLS DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JAMES SADA

MGRM

04/27/2009

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