

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018215

Entity Name: CAR HOSPITAL L.L.C.

FILED  
Feb 19, 2011  
Secretary of State

**Current Principal Place of Business:**

5818 N CRANBERRY BLVD.  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

5818 N CRANBERRY BLVD.  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 26-4630842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLDFIELD, GREG  
5818 N CRANBERRY BLVD.  
NORTH PORT, FL 34286 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: MGR  
Name: OLDFIELD, GREG  
Address: 5818 N CRANBERRY BLVD.  
City-St-Zip: NORTH PORT, FL 34286

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: GREG OLDFIELD

MGR.

02/19/2011

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