

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072440

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** THE AUTO CLINIC OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

7040 OLD CHENEY HIGHWAY  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

7052 OLD CHENEY HIGHWAY  
ORLANDO, FL 32807 US

**Current Mailing Address:**

818 RIVERS COURT  
ORLANDO, FL 32828

**New Mailing Address:**

7052 OLD CHENEY HIGHWAY  
ORLANDO, FL 32807 US

**FEI Number:** 27-0667681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALVARADO, OMAR  
818 RIVERS COURT  
ORLANDO, FL 32828 US

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

ALVARADO, OMAR  
632 FERN LAKE DR  
ORLANDO, FL 32825 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: OMAR ALVARADO

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALVARADO, OMAR  
Address: 632 FERN LAKE DR  
City-St-Zip: ORLANDO, FL 32825 US

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: OMAR ALVARADO

MGRM

04/20/2011

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