

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125748

Entity Name: JOSES AUTO CLINIC LLC

FILED  
Jan 20, 2011  
Secretary of State

**Current Principal Place of Business:**

4211 N ORANGE BLOSSOM TRAIL  
C1  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4211 N ORANGE BLOSSOM TRAIL  
C1  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 27-4177003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIEVES, JOSE R  
241 AFTON SQ  
207  
ALTAMONTE SPRINGS, FL 32714 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: OWNE  
Name: NIEVES, JOSE R  
Address: 4211 N OBT STE C-1  
City-St-Zip: ORLANDO, FL 32804

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: JOSE R NIEVES

OWNE

01/20/2011

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