

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037212

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** AA AUTO CARE CENTER LLC

**Current Principal Place of Business:**

635 NW 13TH STREET  
SUITE B  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

635 NW 13TH STREET  
SUITE C  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 45-0669608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, WILEY D  
635 NW 13TH STREET  
SUITE C  
GAINESVILLE, FL 32601 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:** MGRM  
**Name:** WOOD, WILEY D  
**Address:** 635 NW 13TH ST, SUITE C  
**City-St-Zip:** GAINESVILLE, FL 32601

**Title:** MGRM  
**Name:** HESHMAT, ARDALAN  
**Address:** 1700 NORTH MAIN STREET  
**City-St-Zip:** GAINESVILLE, FL 32609

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: WILEY D WOOD

MGRM

05/01/2012

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