## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L9900001352

Enlity Name

AUTÓ CARE CENTER OF HYPOLUXO ROAD, LLC

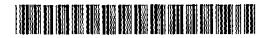


FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

943 CLINT MOORE ROAD BOCA RATON, FL 33487 Mailing Address

943 CLINT MOORE ROAD BOCA RATON, FL 33487



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03022006 No Chg-LLC C

CR2E083 (11/05)

4. FEI Number 65-0902326 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487

## DO NOT WRITE IN THIS SPACE

	8. 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. It is obligations of expiritured agent.	am familiar with, and accept
	the obligations of registered agent.	
١,	SIGNATUSE	

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2006

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l	9.	MANAGING MEMBERS/MANAGERS	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSON, GERALD S 943 CLINT MOORE ROAD BOCA RATON, FL 33487	
	TITLE NAME STREET AGORESS CITY-ST-ZIP	MGRM HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS GITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS		

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11. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited (lability company) of inequestiver of bustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/06 5019910

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