

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90576 010 ****50.00

DOCUMENT #L99000003429

1. Entity Name

U. S. AUTO CARE, LLC

DO NOT WRITE IN THIS SPACE

957241

2. Principal Place of Business

101 Chardin Drive

Suite, Apt. #, etc.

3. Mailing Address

101 Chardin Drive

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

32765

Country

City & State

Nokomis, FL

Zip

32765

Country

4. FEI Number

65-0927566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Geoffrey A. Frazier

Street Address (P.O. Box Number is Not Acceptable)

101 Chardin Drive

City

Nokomis

FL

Zip Code

34275

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Geoffrey A. Frazier 101 Chardin Drive Nokomis, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rick St. George 101 Chardin Drive Nokomis, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Geoff FRAZIER 4-30-2002