

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000012326

Entity Name: SHADETREE AUTOCARE LLC

Current Principal Place of Business:

3734 NE 40TH PL
OCALA, FL 34479

Current Mailing Address:

5553 SE 42ND AVE
OCALA, FL 34480 US

FEI Number: 46-4611169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMAINE, TYRONE W
3734 NE 40TH PL
OCALA, FL 34479 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ROMAINE, TYRONE W
Address 5553 SE 42ND AVE
City-State-Zip: Ocala FL 34480

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TYRONE W ROMAINE

MANAGER

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date