

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000018999

**Entity Name:** AUTO CARE OF FLORIDA LLC

**Current Principal Place of Business:**

13379 NW 47 AVENUE  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

13379 NW 47TH AVENUE  
OPALOCKA, FL 33054 US

**FEI Number:** 46-4715625

**Certificate of Status Desired:** No

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

JIMENEZ, ERNESTO  
13379 NW 47TH AVENUE  
OPA LOCKA, FL 33054 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 MGR  
Name PEREZ, SAMUEL  
Address 13379 NW 47TH AVENUE  
City-State-Zip: OPA LOCKA FL 33054

*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:** SAMUEL PEREZ

OWNER

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date