

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053148

**Entity Name:** D AUTO CLINIC LLC

**Current Principal Place of Business:**

360 BUSINESS PARK WAY  
#6  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

13576 41ST LANE NORTH  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 46-5252797

**Certificate of Status Desired:** No

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

JOSEPH, DULARIE  
360 BUSINESS PARK WAY  
#6  
ROYAL PALM BEACH, FL 33411 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 AMBR  
Name JOSEPH, DULARIE  
Address 13576 41ST LANE N  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** DULARIE JOSEPH

AMBR

01/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date