

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000181464

**Entity Name:** REMEDY AUTO CLINIC LLC

**Current Principal Place of Business:**

4155 DOW ROAD  
UNIT N & O  
MELBOURNE, FL 32934

**Current Mailing Address:**

4155 DOW ROAD  
UNIT N & O  
MELBOURNE, FL 32934 US

**FEI Number:** 47-2401385

**Certificate of Status Desired:** No

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

WEST, FREDERICK J JR.  
2100 CINDY CIRCLE  
MELBOURNE, FL 32935 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 WEST, FREDERICK J JR  
Address 2100 CINDY CIRCLE  
City-State-Zip: MELBOURNE FL 32935

*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:** FREDERICK WEST

MGR

01/28/2019

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

\_\_\_\_\_  
Date