【茶、】()())	bility Company Re no.gov Reinstatement fee:		Form <i>For Office Use Only</i> -FILED- File #: 0006216694 Date Filed: 4/23/2025 3:01:00 PM
OS Control Number: 4809668	Filing Status: Inactive	-Dissolved (Admini	strative)
imited Liability Company (D)	Date Formed: 07/08/20)22 Form	mation Locale: ID
Name and Mailing Address: NoLimits-R AutoCare LLC 520 E 43RD ST TRLR 7B GARDEN CITY, ID 83714-4873		(1) Add or Chang	e Mailing Address:
Registered Agent (RA) and Registered Office (RO) Address: VICTOR GOMEZ 520 E 43RD ST TRLR 7B GARDEN CITY, ID 83714		(2) Change RA ar	nd/or RO Address:
· · · · · · · · · · · · · · · · · · ·			
Note: The Regist	ered Office address must be a p	hysical Idaho address	(no postal box).
3) New Registered Agent (RA) Signat	ure:	in item (2) above, the new	

Manager/Member	Name	Business Address	City, State, Zip	Hh
Mgr Mem	Victor Gomez	520 E 43rd st Tile 76	Garden Gity 8	3744
Mgr Mem				5
Mgr Mem				
Mgr Mem				H
Mgr Mem				ຍ
Mgr Mem				
Mgr Mem				
Mgr Mem				<u>0</u>
☐ Mgr ☐ Mem				ä
Mgr Mem				
Mgr Mem				đ
1	6 1			ary
(5) Signature:	NUC	(6) Date: 04-23	5-2025	
(7) Type/Print Nan	ne: Victor Gomez	(8) Title: OWACI	1	о њ
	gibly complete the form above. Enclose a ch s form and return to the address provided abo	eck made payable to the Idaho Secretary of State ve.	e for \$30.00.	State