Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2023 ANNUAL REPORT

REGISTRY NUMBER: 204083596
DATE OF FILING: 11/15/2022
FEE: $100
DUE DATE: 11/15/2023
TYPE: DOMESTIC LIMITED LIABILITY COMPANY

01011

STELLAR AUTO CARE, LLC
104 NE 80TH AVE
PORTLAND OR 97213

FILED: NOV 17, 2023
OREGON SECRETARY OF STATE
204083596-25519429
STELLAR AUTO CARE, LLC **RENANA**

Business Name: STELLAR AUTO CARE, LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

REGISTERED AGENT:
MARK POTTER

STREET ADDRESS: (Must be an Oregon Physical Street Address)
6420 S MACADAM AVE STE 214, PORTLAND, OR 97239

If the Registered Agent has changed, the new Agent has consented to the appointment.

Type of Business: REPAIR AND MAINTENANCE OF MOTOR VEHICLES

Principal Place of Business Address: (Physical Street Address)
104 NE 80TH AVE, PORTLAND, OR 97213

Mailing Address:
104 NE 80TH AVE, PORTLAND, OR 97213

Member(s) or Manager(s) Title, Name and Address:
MEMBER - VEILLE LEE ARTHUR II — 104 NE 80TH AVE, PORTLAND, OR 97213
_____ - _____ — _____
_____ - _____ — _____
_____ - _____ — _____
_____ - _____ — _____

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature [signature] **Printed Name** Veille Lee Arthur

Date 10/9/23 **Phone Number** 503 839 6930

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

MAL