2006 LIMITED LIABILITY COMPANY

FILED Mar 24, 2006 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # L00000014572						03-24-2006 90352 001 *****5.00				
1. Entity Name						03-24-200	6 90352	002 ****5	50.00	
B GUILLEN AUTO SALES & SERVICES L.L.C.					剧					
Principal Place of Business Mailing Address					_	30003402				
301 US HWY, 17-92 N.		301 US HWY. 17-92 N.				300	0020			
HAINES CITY, FL 33844 HAINES CITY, FL 3.										
					1 (81)(1) 81				11 11 1 1 11	
2. Principal Pl	ace of Business	3. Mailing Address								
)) 25 0; 0) 4 ;4				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-LLC	CR2E0	83 (11/05)	•	
City & State		City & State			4. FEI Numb			Apr	otied For	
					59-375	8662			Applicable	
Zip Country		Zip	Country	у	5. Certificate	of Status Desired		\$5.00 Addi Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent		
				Name					'	
GUILLEN, HINGINIO				Suser Address (P.O. Box Number is Not Acceptable)						
KISSIMMEE, FL 34743										
					- FT	. <u>– \$</u> 10 70 <u>0</u> 0.	· <u></u> -		5	
			City			FL	Zip Code	1		
	named entity submits this statement fo	r the purpose of changing its	registered	d office or regi	istered agent, or bo	oth, in the State of F	lorida. I am i	amiliar with, a	and accept	
the obligations of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered /	Agent signature rec	quired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			,	
,	ue by may 1, 2000									
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE	MGR	☐ Delete		1				☐ Change	Addition	
NAME STREET ADDRESS	GUILLEN, HINGINIO 816 POPLAR WOOD LANE		NAME STREET	T ADDRESS						
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-S	ST-ZIP	<i></i>					
TITLE	☐ Delete • 1		TITLE					☐ Change	Addition	
NAME			NAME	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP	• • •		CITY-S	ł						
TIFLE	Detete		TITLE		<u>., , , , , , , , , , , , , , , , , , , </u>			☐ Change	Addition	
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CITY-ST-ZIP								- [-]-Channe	Addition -	
TITLE NAME		☐ Delete	NAME	I				- Onlinge		
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CITY-ST-ZIP			CITY-	ST-ZIP			<u> </u>			
TIFLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAMÉ	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP				ST-ZIP						
TITLE	-	☐ Delete	TITLE				· · ·	Change	Addition	
NAME			NAME	1						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			GHT-	ST-ZIP						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone +



ATTACHMENT 30003402

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2006

B GUILLEN AUTO SALES & SERVICES L.L.C. 301 US HWY. 17-92 N. HAINES CITY, FL 33844

SUBJECT: B GUILLEN AUTO SALES & SERVICES L.L.C. Ref. Number: (L00000014572)

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

THE FEE TO FILE THIS ANNUAL REPORT IS \$50.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton Document Specialist

Letter Number: 006A00002743

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