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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 17 AM 10: 12

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014572

1. Entity Name
B GUILLEN AUTO SALES & SERVICES L.L.C.

Principal Place of Business	Mailing Address
301 US HWY. 17-92 N. HAINES CITY, FL 33844	301 US HWY. 17-92 N. HAINES CITY, FL 33844

05142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 301 US 1792 N	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HAINES CITY, FL	City & State
Zip 33844 Country POLK USA	Zip Country

4. FEI Number 59-3758662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUILLEN, HINGINIO 816 POPLARWOOD LANE KISSIMMEE, FL 34743	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUILLEN, HINGINIO 816 POPLAR WOOD LANE KISSIMMEE, FL 34743 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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.

SIGNATURE: H. Guillen 6/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MGR/MBRM sign