


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90111 003 ****50.00

DOCUMENT # L02000018377		
1. Entity Name AUTO BROKERS EUROPEAN CONNECTION, LLC		
Principal Place of Business 16206-B NORTH NEBRASKA AVE. LUTZ, FL 33549	Mailing Address 502 N ARMENIA AVE TAMPA, FL 33609	

60043000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Koehler & Company, P.A. 401 North Howard Avenue Tampa, FL 33606
City & State		
Zip	Country	

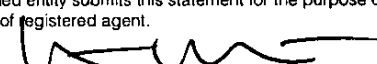
04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 16-1618645	Applied For <input type="checkbox"/> Not Applicable
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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	
KOEHLER, KEITH W KOEHLER & COMPANY, P.A. 502 NORTH ARMENIA AVE TAMPA, FL 33609		Name	KEITH W KOEHLER
		Street	Koehler & Company, P.A.
		City	401 North Howard Avenue Tampa, FL 33606
		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE  DATE **4/25/07**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINTO, LUIS 16206-B NORTH NEBRASKA AVE. LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-07

Date

813-960-0600

Daytime Phone #