

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:45

DOCUMENT # L04000016612

1. Entity Name
OCEAN AUTO SALES, LLC



Principal Place of Business
5026 PLYMOUTH ST
#5
JACKSONVILLE, FL 32205

Mailing Address
PO BOX 24112
JACKSONVILLE, FL 32241-4112

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0798219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIGORYAN, SIMON V
3378 CHRYSLER DR
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name *College, Tax & Retirement Strategies LLC*
Street Address (P.O. Box Number is Not Acceptable) *Lyuba Young*
3110 Spring Glen Rd
City *JACKSONVILLE* FL Zip Code *32207*

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 *LV Young* DATE *05-02-06*

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME GRIGORYAN, ELMIRA
STREET ADDRESS C/O 5026 PLYMOUTH ST., #5
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE MGRM ☒ Delete
NAME GRIGORYAN, SIMON
STREET ADDRESS C/O 3378 CHRYSLER DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE MGRM ☐ Delete
NAME GAVRILOV, VADIM M
STREET ADDRESS 5026 PLYMOUTH ST
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date *5-2-06* Daytime Phone # *904-962-7668*