

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054715

FILED
Mar 07, 2006
Secretary of State

Entity Name: AMERICAN CAR OUTLET,L.L.C.

Current Principal Place of Business:

8292 NW SOUTH RIVER DR
MEDLEY, FL 33166

New Principal Place of Business:

1319 N STATE RD 7
HOLLYWOOD, FL 33021

Current Mailing Address:

8292 NW SOUTH RIVER DR
MEDLEY, FL 33166

New Mailing Address:

16950 N BAY RD
1202
SUNNY ISLES, FL 33160

FEI Number: 20-1427522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, ALEJANDRO
17050 N BAY RD
808
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

SANCHEZ, ALEJANDRO
16950 N BAY RD
1202
SUNNY ISLES, FL 33160 US

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.

SIGNATURE: ALEJANDRO SANCHEZ

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ, MARIA L
Address: 16950 N. BAY RD.
City-St-Zip: MIAMI BEACH, FL 33160

Title: MGRM (X) Delete
Name: SANCHEZ, ALEJANDRO
Address: 17050 N BAY RD APT 808
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANCHEZ, ALEJANDRO
Address: 16950 N. BAY RD. #1202
City-St-Zip: MIAMI BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO SANCHEZ

MGRM

03/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date