

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000191607

**Entity Name:** #1 AUTO LIQUIDATORS LLC

**Current Principal Place of Business:**

463493 STATE RD 200  
YULEE, FL 32097

**Current Mailing Address:**

463493 STATE RD 200  
YULEE, FL 32097

**FEI Number:** 83-1439692

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ISAAC, BRETT  
2151 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FARAH, MAZEN  
Address 10720 KNOTTINGBY DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAZEN FARAH

**MANAGER**

**04/04/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date