

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90104 023 *****50.00

DOCUMENT # L00000002996

1. Entity Name

IKE'S AUTO REPAIR, LLC



Principal Place of Business

**4611 SOUTH UNIVERSITY DR., STE. 401
DAVIE FL 33328-5072**

Mailing Address

**4611 SOUTH UNIVERSITY DR., STE. 401
DAVIE FL 33328-5072**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0985449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JUMPING JAX TAX, INC.
1940 HARRISON ST., #200-B
HOLLYWOOD FL 33020-5072~~

Name
JUMPING JAX TAX, INC.

Street Address (P.O. Box Number is Not Acceptable)
1940 HARRISON ST., STE. 201-B

City
HOLLYWOOD

FL

Zip Code
33020-5072

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 *John J. Makley* **John J. Makley, CEO of JUMPING JAX TAX, INC.** **17 JAN 2003**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MIZRACHI, ISSAC
2500 DIANA DR, APT. 108
HALLANDALE FL 33009-4825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mizrachi
1715 N 46 Ave
Hollywood, FL 33021** ☒ Change ☐ Addition
~~4611 SOUTH UNIVERSITY DR., STE. 401
DAVIE, FL 33328-5072~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MIZRACHI, HANI
2500 DIANA DR, APT. 108
HALLANDALE FL 33009-4825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mizrachi
1715 N 46 Ave
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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, and am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

17 JAN 2003 (800) 203-2347

CR2E083 (10/02)

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