

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90152 008 ****50.00

DOCUMENT # L00000003260

1. Entity Name
THE KING OF BATTERIES, LLC



Principal Place of Business

**5150 SW 48 WAY
SUITE 604
DAVIE FL 33314**

Mailing Address

**5150 SW 48 WAY
SUITE 604
DAVIE FL 33314**

2. Principal Place of Business

4630 NW 74TH AVE

3. Mailing Address

10585 SW 13 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

PEMBROKE PINES FL.

Zip

33166

Country

USA

Zip

33025

Country

USA

6. Name and Address of Current Registered Agent

**HERNANDEZ, GERMAN
10585 SW 13 COURT
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

3/11/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HERNANDEZ, GERMAN**
STREET ADDRESS **10585 SW 13 COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 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:

GERMAN HERNANDEZ Manager
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (10/02)