2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007449

1. Entity Name

ROAD RUNNER AUTO SALES, L.L.C.

FILED
01 JUL -2 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4320 NW 135TH ST MIAMI FL 33054	4320 NW 135TH ST MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4320 NW 135 St		4320 NW 135 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Opa-Locka FL		City & State: Opa-Locka, FL	
Zip: 33054	Country: USA	Zip: 33054	Country: USA

4. FEI Number — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ORLANDO SAAVEDRA, CHRISTIAN
4320 NW 135TH ST
MIAMI FL 33054

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.

SIGNATURE ______________________________
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 Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNOZ, JORGE ARTURO 200 SW 117 TERR APT 204 PEMBROKE PINES FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO SAAVEDRA, CHRISTIAN 8033 NE 41 COURT SUNRISE FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004475676--9 -07/13/01--01112--017 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

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: SIGNATURE REQUIRED [signature] 06-27-01 (305)953-7964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #