

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT**

L00000010012

DOCUMENT # **L00000010012**

1. Entity Name

Preissless Auto Sales LLC

DO NOT WRITE IN THIS SPACE

FILED

02 AUG 22 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

14027 HUDSON FL

3. Mailing Address

14027 US HWY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON FL

City & State

HUDSON FL

4. FEI Number

59-3666964

Applied For

Not Applicable

Zip

34667

Country

PGSCO

Zip

34667

Country

PGSCO

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Steve M Preiss

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

4715 DEVONSHIRE BLVD

City

PAIM HANSON FL

FL

Zip Code

34685

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IN THIS SPACE**

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

Steve M Preiss

STEVE PREISS OWNER

7-7-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

500007569295--9

-09/06/02--01048--019

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Steve Preiss
4715 DEVONSHIRE BLVD
PAIM HANSON FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BK

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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:

Steve M Preiss

7-7-02

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

Date

Daytime Phone #

CR2E083B (12/01)