LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L00000014572

DOCUMENT#

1. Entity Name

CITY-ST-ZIP

FILED Mar 13, 2002 8:00 am Secretary of State

03-13-2002 90018 011 ****50.00

B GUILLEN AUTO SALES & SERVICES L.L.C. DO NOT WRITE IN THIS SPACE B0042191 2. Principal Place of Business 3. Mailing Address 301 Hishway 17 301 Highway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL AINES CITY faines City 59-3758462 Not Applicable Country Country Pol K Zip \$5.00 Additional 33844 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Guillèn DO NOT WRITE HINGINIO Box Number is Not Acceptable) oplynwood La IN THIS SPACE 34743 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 DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. HINGINIO GUILLEN CR2E083B (12/01) TITLE TITLE 816 POPLARWOOD LN NAME NAME STREET ADDRESS STREET ADDRESS KISSIMMEE FL. 34743 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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

123/02 421-58