

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90352 001 *****5.00
03-24-2006 90352 002 *****50.00

DOCUMENT # L00000014572

1. Entity Name
B GUILLEN AUTO SALES & SERVICES L.L.C.



Principal Place of Business
301 US HWY. 17-92 N.
HAINES CITY, FL 33844

Mailing Address
301 US HWY. 17-92 N.
HAINES CITY, FL 33844

30003402



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

59-3758662

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUILLEN, HINGINIO
816 POPLARWOOD LANE
KISSIMMEE, FL 34743

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GUILLEN, HINGINIO
816 POPLAR WOOD LANE
KISSIMMEE, FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



ATTACHMENT
30003402

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2006

B GUILLEN AUTO SALES & SERVICES L.L.C.
301 US HWY. 17-92 N.
HAINES CITY, FL 33844

SUBJECT: B GUILLEN AUTO SALES & SERVICES L.L.C.
Ref. Number: L00000014572

~~We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:~~

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

THE FEE TO FILE THIS ANNUAL REPORT IS \$50.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 006A00002743