05-15-2008 90081 034 ***138.50
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 17 AM 10: 12

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box # 301 US 1792 N
Suite, Apt. #, etc.
City & State HAINES CITY, FL
Zip 33844 Country POLK USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3758662 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GUILLEN, HINGINIO
816 POPLARWOOD LANE
KISSIMMEE, FL 34743

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

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

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

JUN 1 2008

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: _____ 6/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MGR/MBR 51 gal