

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 012 ****50.00

DOCUMENT # L01000001394

1. Entity Name
ELKIN MOTOR SALES, L.L.C.



Principal Place of Business
**1554 AVE 15 SW
WINTER HAVEN, FL 33880**

Mailing Address
**550 AVENUE K S.W.
WINTER HAVEN, FL 33880**

1554-Tat S.W.

00013839



01312007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELKIN JR, DAVID H MR
550 AVENUE K S.W. 1554 Tat. S.W.
WINTER HAVEN, FL 33880**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David H. Elkin Jr
Signature, typed or printed name of registered agent and title if applicable.

DAVID H. ELKIN JR
(NOTE: Registered Agent signature required when reinstating)

1-31-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ELKIN, DAVID H MR
STREET ADDRESS	1226 GREENVIEW DR
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

David H. Elkin Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

863-944-5002

1-31-07