

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90131 021 ****50.00

DOCUMENT # L01000009604

1. Entity Name
AUTOS UNLIMITED, LLC



Principal Place of Business
**430 NORTH WASHINGTON BLVD.
SARASOTA, FL 34236**

Mailing Address
**430 NORTH WASHINGTON BLVD.
SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

65-1128092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name

Sandy Thirion

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

2050 Proctor Rd Suite F

City

Sarasota

FL

Zip Code

34231

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/13/07

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**MGR
ROGERS, PATRICIA
7613 COVE TERRACE
SARASOTA, FL 34231**

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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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]

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

Date

Daytime Phone #

Managing member 13-13-07 941-9544450