

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 038 *****50.00

DOCUMENT # L01000022182

1. Entity Name
CONTEMPORARY AUTOMOTIVE, LLC



Principal Place of Business
**1011 N ORLANDO AVE
MAITLAND, FL 32751**

Mailing Address
**1011 N ORLANDO AVE
MAITLAND, FL 32751**



05042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0009771

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, KUNTESH C
1011 N ORLANDO AVE
MAITLAND, FL 32751**

**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

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAMING, SIMON A
STREET ADDRESS	2901 ELM STREET
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGRM
NAME	PATEL, KUNTESH C
STREET ADDRESS	1585 GLEN HAVEAN CIRCLE
CITY-ST-ZIP	OCOE, FL 34761
TITLE	MGRM
NAME	APPADU, MAHENDRA
STREET ADDRESS	5502 MERITMEAN CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32818
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 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.

SIGNATURE:

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

5/6/05
Date

407-647-6067
Daytime Phone #