

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000001265**

1. Entity Name  
**EDDIE D'S AUTO SALES, LLC**



Principal Place of Business  
**3505 US 17 S  
ZOLFO SPRINGS, FL 33890**

Mailing Address  
**PO BOX 972  
ZOLFO SPRINGS, FL 33890**



04302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0589303**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NUNNALLEE, THOMAS L  
325 NORTH COMMERCE AVENUE  
SEBRING, FL 33870**

**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)

1100000075/05/07

05/24/07-80066-003 50.00

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DELANEY, EDGAR C  
504 S HIGHLANDS AVE  
AVON PARK, FL 33825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRAXTON, MICHAEL  
2881 HARNEY RD  
BOWLING GREEN, FL 33834**

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:** Edgar C Delaney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/07

(863) 735-1222