

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006995**

1. Entry Name

360 AUTOMOTIVE SALES, L.L.C.



Principal Place of Business

805 SOUTH DRIVE  
FT. WALTON BEACH FL 32547

Mailing Address

805 SOUTH DRIVE  
FT. WALTON BEACH FL 32547

2. Principal Place of Business

Suite, Apt. #, etc. **SAME**

3. Mailing Address

Suite, Apt. #, etc. **SAME**



1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number

41-2036046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIKUL, ALBERT J  
202 COUNTRY CLUB ROAD  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

**SAME**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PIKUL, ALBERT J**  
CITY- ST- ZIP **2020 COUNTRY CLUB RD**  
**SHALIMAR FL 32579**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **UN00000287847**  
CITY- ST- ZIP **04/04/05-80084-018 50.00**

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

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STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Albert J Pikul*

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

**2 Apr 05**

**(850) 499-5082**

Date

Daytime Phone #