

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 004 ****50.00

DOCUMENT # L02000009045					
1. Entity Name KARS FOR KASH, LLC					
Principal Place of Business 6109 B N. PALA FOX ST PENSACOLA, FL 32503			Mailing Address 2170 BROMLEY DR NAVARRE, FL 32566		
2. Principal Place of Business - No P.O. Box # 1906 MELISSA OAKS DR		3. Mailing Address 1906 MELISSA OAKS DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GULF BREEZE, FLA		City & State GULF BREEZE, FLA		4. FEI Number 90-0037823	
Zip 32563		Country SANTA ROSA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, PAMELA H 2170 BROMLEY DR NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name: PETERSON, PAMELA H Street Address (P.O. Box Number is Not Acceptable) 1906 MELISSA OAKS DR City: GULF BREEZE FL Zip Code: 32563		
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: <u>Pamela H Peterson</u> DATE: <u>1-6-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, PAMELA H 2170 BROMLEY DR NAVARRE, FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, PAMELA H 1906 MELISSA OAKS DR GULF BREEZE, FLA 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Pamela H Peterson</u>			Date: <u>1-6-07</u> Daytime Phone #: <u>850-572-9997</u>		