

Apr. 26. 2005 10:12AM

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90084 031 ****50.00

DOCUMENT # L02000012574

1. Entity Name
ZEVI AUTO, L.L.C.



Principal Place of Business
**838 WASHINGTON STREET
HOLLYWOOD, FL 33019 US**

Mailing Address
**838 WASHINGTON STREET
HOLLYWOOD, FL 33019 US**

2. Principal Place of Business
1810 NW 183 STR
Suite, Apt. #, etc.

3. Mailing Address
Suite Apt. #, etc.

City & State
NORTH MIAMI FLA
Zip
33056 Country

City & State
Zip Country

04262005 Chg-LLC CR2E083 (10/03)

4. FCI Number
54-2071370 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
501
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name
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

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	MGRM			
	LERNER, ARIE			
	838 WASHINGTON STREET			
	HOLLYWOOD, FL 33019			

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-27-05