

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90124 048 ****50.00

DOCUMENT # L02000019042

1. Entity Name
MIKEY T'S AUTO SALES, LLC



Principal Place of Business
**C/O RAYMON P. VIRGILOIO, CPA, CVA
7215 HIAWATHA PARKWAY
SPRING HILL, FL 34606**

Mailing Address
**C/O RAYMON P. VIRGILOIO, CPA, CVA
7215 HIAWATHA PARKWAY
SPRING HILL, FL 34606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

51-0417986

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

7. Name and Address of New Registered Agent

**TARANTINO, MICHAEL T
4396 5TH ISLE DR
SPRING HILL, FL 34607
HERNANDO BEACH**

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **TARANTINO, MICHAEL T**
STREET ADDRESS **4396 5TH ISLA DR**
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE ☒ Change ☐ Addition
NAME **4396 5th ISLE DR.**
STREET ADDRESS **HERNANDO BEACH, FL 34607**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **TARANTINO, JAYNE**
STREET ADDRESS **4396 5TH ISLA DR**
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE ☒ Change ☐ Addition
NAME **4396 5th ISLE DR.**
STREET ADDRESS **HERNANDO BEACH, FL 34607**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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: *Michael J. Denton*

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

4/29/04 *352-597-2644*

Date Daytime Phone #