

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90288 019 ****50.00

DOCUMENT # L02000025372

1. Entity Name

SPACE COAST RENTAL, L.L.C.



Principal Place of Business

7227 NORTH US HIGHWAY 1
COCOA FL 32927

Mailing Address

7227 NORTH US HIGHWAY 1
COCOA FL 32927

2. Principal Place of Business

990 PALM ST

Suite, Apt. #, etc.

P SUITE - 1

City & State

PORT ST. JOHN

Zip
FL-32927

Country

U.S.A

3. Mailing Address

P.O. Box- 549

Suite, Apt. #, etc.

City & State

SHARPS

Zip

FL-32959

Country

U.S.A

1st MOORE

CR2E083 (10/05)

4. FEI Number

43-2011282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASUL, FAIAZ M M.D.
7227 NORTH US HIGHWAY 1
COCOA FL 32927

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 re-registering)

DATE

03.01.06

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME RASUL, FAIAZ M M.D.
STREET ADDRESS 7227 NORTH US HIGHWAY 1
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME RASUL, FAIAZ M. M.D.
STREET ADDRESS 990 PALM ST.
CITY-ST-ZIP PORT ST JOHN, FL-32959

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

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

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

TITLE ☐ Change ☐ Addition
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 Section 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 provided by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FAIAZ M RASUL 03.01.06 321-639-4243