


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90013 026 ****50.00

DOCUMENT # L03000000125	
1. Entity Name STREET OPTIONS AUTO ACCESSORIES, LLC	

Principal Place of Business 6201 PARK BLVD PINELLAS PARK, FL 33781 US	Mailing Address 6201 PARK BLVD PINELLAS PARK, FL 33781 US
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60053377



2. Principal Place of Business - No P.O. Box # 5804 34th Ave N	3. Mailing Address 5804 34th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07092007 Chg-LLC CR2E083 (12/06)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33710	Zip 33710
Country US	Country US

4. FEI Number 65-1167311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TOLEDO, ALLAN J 6201 PARK BLVD PINELLAS PARK, FL 33781	
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7. Name and Address of New Registered Agent Name Toledo, Allan Street Address (P.O. Box Number is Not Acceptable) 5804 34th Ave N City St. Petersburg FL Zip Code 33710	
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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 *Allan Toledo* DATE *7-23-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOLEDO, ALLAN J 6201 PARK BLVD PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Toledo, Allan 5804 34th Ave N St. Petersburg, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Allan Toledo* DATE *7-23-07* DAYTIME PHONE # *727.525.3900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE