

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001354

Entity Name: KINGSLEY AUTO SALES LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

5319 COMMERCIAL WAY
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

5319 COMMERCIAL WAY
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 42-1569601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KITCHEN, ALBERT
5319 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KITCHEN, ALBERT
Address: 5319 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM () Delete
Name: LANG, CATHERINE L
Address: 7519 HIGHPOINT BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM () Delete
Name: GILL, DAVID
Address: 9491 COUGAR DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MAHOOD, RICHARD W
Address: 1497 COACHMAN RD
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD W MAHOOD

MGRM

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date