

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008808

1. Entity Name
AUTO ERRANTE COMPETITION, LLC



Principal Place of Business

8328 NW 56 STREET
MIAMI, FL 33166 US

Mailing Address

8328 NW 56 STREET
MIAMI, FL 33166 US



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3745170

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELAZCO, MAXY S
8328 NW 56 STREET
MIAMI, FL 33166

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PINEDA, JUAN HERRERA
8328 NW 56 STREET
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HERRERA, JORGE
8328 NW 56 STREET
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VELAZCO, MAXY S
8328 NW 56 STREET
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000188242
01/24/05-R0047-005 55.00

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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:

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

Date

Daytime Phone #