## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011013

Entity Name: ECXI AUTO SALES LLC

**FILED** Feb 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

PO BOX 801333 5150 SW 48TH WAY

AVENTURA, FL 33280 #1607 US

DAVIE, FL 33314 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 801333

AVENTURA, FL 33280 US

FEI Number: 43-2006584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOVERA, MAURICIO LOVERA, DORA 5150 SW 48TH WAY 5150 SW 48TH WAY #1607 #1607 DAVIE, FL 33314 US DAVIE, FL 33314 US

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: DORA LOVERA

02/08/2007 Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change ( ) Addition

LOVERA, MAURICIO Name: Name: LOVERA, DORA Address: PO BOX 801333 Address: PO BOX 801333

City-St-Zip: AVENTURA, FL 33280 US City-St-Zip: AVENTURA, FL 33280 US

Title: MGR (X) Delete Title: () Change () Addition

Name: LOVERA, DORA I Name: Address: PO BOX 801333 Address: City-St-Zip: AVENTURA, FL 33280 US City-St-Zip:

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: DORA LOVERA 02/08/2007