

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90051 007 ****50.00

DOCUMENT # L03000019187

1. Entity Name
EXPRESS-"O" CAR CENTER, L.L.C.



Principal Place of Business
**150 SE 2ND AVE., STE. #1009
MIAMI, FL 33131**

Mailing Address
**150 SE 2ND AVE., STE. #1009
MIAMI, FL 33131**

2. Principal Place of Business

9130 SOUTH DADELANS BLVD.

3. Mailing Address

9130 SOUTH DADELANS BLVD.

Suite, Apt. #, etc.

1504

Suite, Apt. #, etc.

1504

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33136

Country

USA

Zip

33136

Country

USA

04132006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

81-0615400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, BORIS
150 SE 2ND AVE., STE. #1009
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
MARIO GUZMAN

Street Address (P.O. Box Number is Not Acceptable)

9130 SOUTH DADELANS BLVD SUITE 1504

City

MIAMI

FL

Zip Code

33136

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]

MARIO GUZMAN REGISTER AGENT

4/13/2006

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALAC, FERNANDO
150 SE 2ND AVE., STE. #1009
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALAC, EDGAR
150 SE 2ND AVE., STE. #1009
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ 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:

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

Date

Daytime Phone #

04-19-06