

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90004 010 \*\*\*\*50.00

9/2

**DOCUMENT # L03000022707**

1. Entity Name

**AUTOSPHERE USA, LLC**



Principal Place of Business

2815 DIRECTORS ROW, STE 900  
ORLANDO FL 32809

Mailing Address

2815 DIRECTORS ROW, STE 900  
ORLANDO FL 32809

34010000



MOORE

CR2E083 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

200051568

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

Name **WILLIAM R. VAN HOVE**

Street Address (P.O. Box Number is Not Acceptable)  
**8744 BRISTOL PARK DR.**

~~ORLANDO~~

City **ORLANDO**

FL

Zip Code **32836**

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 conducting)

8/27/04

DATE

**FILE NOW!!! FEE \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HOVE, WILLIAM R 8744 BRISTOL PARK DRIVE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OTTEN, ALBERIC 8744 BRISTOL PARK DRIVE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN HOVE, CATHERINE L 8744 BRISTOL PARK DRIVE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTTEN, ALBERIC 8744 BRISTOL PARK DRIVE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

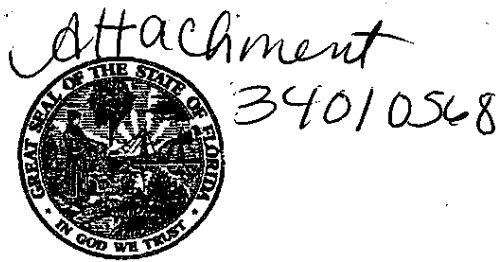
**SIGNATURE:**

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

8/27/04

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

September 3, 2004

AUTOSPHERE USA, LLC  
8744 BRISTOL PARK DRIVE  
ORLANDO, FL 32836

Subject: AUTOSPHERE USA, LLC

Reference Number: L03000022707

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION