

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90003 035 \*\*\*\*\*50.00

**DOCUMENT # L03000026520**

1. Entity Name  
**B & W AUTO SALES LLC**



Principal Place of Business  
**100 SECOND AVE. SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701**

Mailing Address  
**100 SECOND AVE. SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701**

**24067710**



2. Principal Place of Business

3. Mailing Address

02122004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**20-0107211**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

**WYATT, BART  
100 SECOND AVE. SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701**

**7. Name and Address of New Registered Agent**

Name  
**Spector Gadon & Rosen, LLP**  
Street Address (P.O. Box Number is Not Acceptable)  
**360 Central Avenue, Ste. 1550**  
City **St. Petersburg** **FL** Zip Code **33701**

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, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYATT, BART  
SUITE 901S, 100 SECOND AVE. SOUTH  
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

**Bart Wyatt**

**4/22/04**

**727 824-9800**