

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000027784

1. Entity Name  
AAA AUCTION COMPANY, LLC



Principal Place of Business  
9045 LA FONTANA BLVD. STE. C-13  
BOCA RATON, FL 33434

Mailing Address  
9045 LA FONTANA BLVD. STE. C-13  
BOCA RATON, FL 33434



04122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0101933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

GREEN, MATTHEW  
9045 LA FONTANA BLVD. STE. C-13  
BOCA RATON, FL 33434

**DO NOT WRITE  
IN THIS SPACE**

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  
MGRM  
GREEN, MATTHEW P MGRM  
9045 LA FONTANA BLVD C13  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GREEN, SHERRY E MGRM  
9045 LA FONTANA BLVD C 13  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000331598  
04/26/05-80023-000 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 #