2006

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040318

1. Entity Name
BADD AUTO SERVICE & SALES LLC

Principal Place of Business	Mailing Address
10880 SW 186 ST BAY #63 MIAMI, FL 33157	15934 SW 139 ST MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

04102005 No Chg-LLC CR2E063 (10/03)

4. FEI Number
11-3708721
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, ANDRE
15934 SW 139 ST
MIAMI, FL 33196

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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	MGR
NAME	CAMPBELL, ROY
STREET ADDRESS	10880 SW 186 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MGR
NAME	CAMPBELL, DOREEN
STREET ADDRESS	10880 SW 186 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: Roy Campbell 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #