

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040514

1. Entity Name

BUYUSED AUTO RECYCLERS, LLC



Principal Place of Business

17910 S.R. 52
LAND O LAKES FL 34639

Mailing Address

17910 S.R. 52
LAND O LAKES FL 34639



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number 20-0333608

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

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME MYERS, BRIAN T ☐ Delete
STREET ADDRESS 17910 S.R. 52
CITY - ST - ZIP LAND O LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME 000000572869
STREET ADDRESS 08/01/06-80003-006 50.00
CITY - ST - ZIP

TITLE MGR
NAME LOWERY, LUCILLE C ☐ Delete
STREET ADDRESS 17910 S.R. 52
CITY - ST - ZIP LAND O LAKES FL 34639

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

TITLE S
NAME LOWERY, LUCILLE C ☐ Delete
STREET ADDRESS 17910 S.R. 52
CITY - ST - ZIP LAND O LAKES FL 34639

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

TITLE T
NAME MYERS, BRIAN T ☐ Delete
STREET ADDRESS 17910 S.R. 52
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TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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

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

813-996-4136
070806 813-388-3014