

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049614

1. Entity Name
REPO DEPOT, LLC.



FILED

05 APR 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14816 U.S. 19
HUDSON, FL 34667

Mailing Address

14816 U.S. 19
HUDSON, FL 34667

2. Principal Place of Business

14816 U.S. HWY 19

Suite, Apt. #, etc.

3. Mailing Address

14816 U.S. HWY 19

Suite, Apt. #, etc.



04202005

Chg-LLC

CR2E083 (10/03)

City & State

Hudson, FL

Zip
34667

Country

City & State

Hudson, FL

Zip
34667

Country

4. FEI Number

20-0440259

Applied For

Not Applicable

5. Certificate of Status Desired 3 ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARR, STEVEN
14816 U.S. 19
HUDSON, FL 34667

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME STARR, STEVEN
STREET ADDRESS 14816 U.S. 19
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Starr, Stephen
STREET ADDRESS 14816 U.S. HWY 19
CITY-ST-ZIP Hudson, FL 34667

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Stephen Starr

4-20-05 (727) 863-1500

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

Date

Daytime Phone #