

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90014 034 \*\*\*\*\*50.00

**DOCUMENT # L04000010068**



**1. Entity Name**  
**BACK SEAT DRIVER, LLC**

**Principal Place of Business**  
**16105 NE 18TH AVE**  
**N. MIAMI BEACH, FL 33162**

**Mailing Address**  
**16105 NE 18TH AVE**  
**N. MIAMI BEACH, FL 33162**

**20029017**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005 Chg-LLC CR2E083 (10/03)

**4. FEI Number**

**14-1902514**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

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

**RONES, VICTOR K**  
**16105 NE 18TH AVE**  
**N. MIAMI BEACH, FL 33162**

**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** PERLMUTTER, MARTIN  
**STREET ADDRESS** 16105 NE 18TH AVE  
**CITY - ST - ZIP** N. MIAMI BEACH, FL 33162

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**10. ADDITIONS/CHANGES**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
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**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:**

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

Date

Daytime Phone #

**4/1/05 305-253-6592**