


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90093 044 ****50.00

DOCUMENT # L04000015313		
1. Entity Name KENS CARS & CREDIT LLC		

Principal Place of Business PO BOX 291027 DAVIE, FL 33329-1027	Mailing Address PO BOX 291027 DAVIE, FL 33329-1027
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2. Principal Place of Business 5825 Funston St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood Fl		City & State	
Zip 33023	Country	Zip	Country

01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0816161

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

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
Name Daniel Wheeler	
Street Address (P.O. Box Number is Not Acceptable) 5825 Funston Street	
City Hollywood	FL Zip Code 33023

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  DATE **1/18/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  **1/18/05 954-962-8385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #