

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90046 001 ***100.00

DOCUMENT # L04000029370

1. Entity Name
E & Z AUTO BROKERAGE, LLC



Principal Place of Business
~~3914 ISLAND ESTATES DRIVE~~
~~AVENTURA, FL 33160~~

Mailing Address
~~3914 ISLAND ESTATES DRIVE~~
~~AVENTURA, FL 33160~~

00005451



2. Principal Place of Business
2439 PEM BROKE RD
Suite, Apt. #, etc.

3. Mailing Address
2439 PEMBROKE ROAD
Suite, Apt. #, etc.

03292006 Chg-LLC CR2E083 (11/05)

City & State
HOLLY WOOD FL
Zip
33020 Country
Broward

City & State
HOLLY WOOD FL
Zip
33020 Country
Broward

4. FEI Number
APPLIED FOR 20-1139493

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DAHARI, ZION
3914 ISLAND ESTATES DRIVE
AVENTURA, FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAHARI, ZION
3914 ISLAND ESTATES DRIVE
AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAHARI, EZRA
~~**3914 ISLAND ESTATES DRIVE**~~
AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAHARI, EZRA
19501 COUNTRY CLUB DRIVE
AVENTURA FL 33180 ☒ Change ☐ Addition

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

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

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

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

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: *Zion Dahari*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.9.06

APX 1212