

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 11, 2007 8:00 am**  
**Secretary of State**

06-11-2007 90108 031 \*\*\*\*50.00

DOCUMENT # L04000029370

1. Entity Name  
E & Z AUTO BROKERAGE, LLC



Principal Place of Business  
2439 PEMBROKE ROAD  
HOLLYWOOD, FL 33020

Mailing Address  
2439 PEMBROKE ROAD  
HOLLYWOOD, FL 33020

00001710



06052007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
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

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAHARI, ZION
STREET ADDRESS	3914 ISLAND ESTATES DRIVE
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	MGRM
NAME	DAHARI, EZRA
STREET ADDRESS	19501 COUNTRY CLUB DR., APT 1212
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

6-507

Date

954 347 6686

Daytime Phone #