

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000030843

1. Entity Name
FLORIDA AUTO SALES, LLC



FILED

07 FEB 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1308 W BREVARD ST
TALLAHASSEE, FL 32304

Mailing Address
57 DERING LN
QUINCY, FL 32351

Handwritten initials: BK

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

18246 Blue Star Hwy
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy, FL
Zip 32351 Country US

Zip

Country

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
47-0940834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IRAHETA, SEVERIANO
57 DERING LN
QUINCY, FL 32351

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VEMURI, RAVI
1308 W BREVARD ST
TALLAHASSEE, FL 32304 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IRAHETA, SEVERIANO
57 DERING LN
QUINCY, FL 32351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900090086419
03/02/07--01049--016 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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:

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

Date

Daytime Phone #

2-23-07