## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000034687

1. Entity Name RODRIGO'S AUTO REPAIR, LLC



FILED
Jan 11, 2006 08:00 AM
Secretary of State

Principal Place of Business

4701 ORANGE DRIVE BLDG. 13 BAY 16-18 FT. LAUDERDALE, FL 33314 Mailing Address

4701 ORANGE DRIVE BLDG. 13 BAY 16-18 FT. LAUDERDALE, FL 33314



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC CR2E083 (11/05)

4,	FEI Number		Applied For
	20-1088909		Not Applicable
		 _	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEMAN, JULIO A 654 WOODGATE LANE SUNRISE, FL 33326

## 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, typed or t

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, 2006 | 1000000383084 | 01/12/06-80037-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR RODRIQUEZ, RODRIGO A 4701 ORANGE DRIVE, BLDG 13 - BAY 16-18 FT. LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
THLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - S1 - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: x\_\_\_

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED RE

186-6

954-797-662

Daytime Pho