

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90030 033 ****55.00

DOCUMENT # L04000053393

1. Entity Name
AUTO SOLUTIONS EAST OF SOUTH FLORIDA, LLC



Principal Place of Business
**15341 SAM SNEAD LANE
N. FORT MYERS, FL 33917**

Mailing Address
**15341 SAM SNEAD LANE
N. FORT MYERS, FL 33917**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1110865

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURTON, LYNN A
15341 SAM SNEAD LANE
N. FORT MYERS, FL 33917**

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BURTON, LYNN A
STREET ADDRESS	15341 SAM SNEAD LANE
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	MGR
NAME	LOZON, MICHAEL
STREET ADDRESS	1552 MULLIGAN COURT
CITY-ST-ZIP	REYNOLDSBURG, OH 43068
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:

Lynn A Burton

LYNN A BURTON

4/25/2006

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243-5229

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

Date

Daytime Phone #