


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-11-2005 90048 032 ****50.00

DOCUMENT # L04000061192

1. Entity Name
DR. AUTO SALES LLC



Principal Place of Business
**1080 N.W. 31ST AVE
FT LAUDERDALE, FL 33311**

Mailing Address
**P.O. BOX 490002
FT. LAUDERDALE, FL 33349 FL**

2. Principal Place of Business
118 SW 8th ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield bch FL

City & State

Zip

33441

Country

Zip

Country

04072005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

510521319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRISON, LENNOX S MAN
1080 N.W. 31ST AVE
FT LAUDERDALE, FL 33311**

Name

Harrison, Lennox S Man

Street Address (P.O. Box Number is Not Acceptable)

118 SW 8th ct

City

Deerfield bch

FL

Zip Code

33441

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
HARRISON, LENNOX MGR
1080 NW 31 AVE
FT. LAUDERDALE, FL 33311**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Harrison, Lennox mgr
118 SW 8th ct
Deerfield bch FL 33441**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 exemption stated in Section 119.07(3)(i), 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]

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

2-1-05

Daytime Phone

954448-9664