

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067878

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Entity Name:** ONE STOP COMPLETE AUTO, LLC

**Current Principal Place of Business:**

8500 N. NEBRASKA AVENUE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

8500 N. NEBRASKA AVENUE  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 41-2151028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOHARRAM, MOHAMED K  
7908 RIVER RIDGE DR.  
TAMPA, FL 33637 US

**Name and Address of New Registered Agent:**

ABDUL-RAHIM, ASHRAF M  
2908 SYCAMORE CT  
3 D  
TAMPA, FL 33613 US

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.

SIGNATURE: ASHRAF ABDUL-RAHIM

04/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABDUL-RAHIM, ASHRAF M  
Address: 2908 SYCKAMORE CT. APT. 3D  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM ( ) Delete  
Name: MOHARRAM, MOHAMED K  
Address: 7908 RIVER RIDGE DR.  
City-St-Zip: TAMPA, FL 33637

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ASHRAF ABDUL-RAHIM

MGRM

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date