

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90052 047 ****50.00

DOCUMENT # L04000078215

1. Entity Name

EAGLE AUTO L AND LLC



Principal Place of Business

6243 HAINES RD.
ST. PETERSBURG, FL 33703
US
434 WEST PIPKIN RD.
LAKE LAND, FL 33811

Mailing Address

4414 TROUT DR. SE.
ST. PETERSBURG FL 33705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1661387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, JESSIE P
4414 TROUT DR. SE.
ST. PETERSBURG, FL 33705

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WALLACE, JESSIE P
STREET ADDRESS 4414 TROUT DR SE
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jessie P. Wallace

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

3-15-06

Date

813-763-0475

Daytime Phone #