

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082330

1. Entity Name
WLCENT/AUTO SALES, L.L.C.



FILED
2005 JAN 10 AM 3:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
1668 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301 US

Mailing Address
1407 SPOONER ROAD
QUINCY, FL 32351 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1938395

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, WALTER L
1407 SPOONER RD.
QUINCY, FL 32351

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COLLINS, WALTER L
STREET ADDRESS 1407 SPOONER RD.
CITY-ST-ZIP QUINCY, FL 32351

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #