

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90019 009 \*\*\*\*50.00

DOCUMENT # L05000006705

1. Entity Name

A1A ISLAND AUTO, LLC



Principal Place of Business

925 TARPON AVE.  
#5  
FERNANDINA BEACH FL 32034  
US

Mailing Address

925 TARPON AVE.  
#5  
FERNANDINA BEACH FL 32034  
US



2. Principal Place of Business

1002 S. 8th Street

Suite, Apt. #, etc.

City & State

Fernandina Bch., FL

Zip  
32034

Country  
USA

3. Mailing Address

1002 S. 8th Street

Suite, Apt. #, etc.

City & State

Fernandina Bch., FL

Zip  
32034

Country  
USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

38-3714827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMASSETTI, ARMOND J ESQ.  
406 ASH ST.  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name  
Debbie J. Lacroix

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

1002 S. 8th Street

City  
Fernandina Beach, FL

Zip Code  
32034

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 file 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
LACROIX, RUSSELL J  
925 TARPON AVE. #5  
FERNANDINA BEACH F 32034

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
Debbie J. Lacroix  
925 TARPON AVE. #5  
FERNANDINA BEACH, FL 32034

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

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

4/5/06

Date

#904/491-6936

Daytime Phone #