


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 042 ****50.00

DOCUMENT # L05000047220		
1. Entity Name ACAR ENTERPRISES, LLC		

Principal Place of Business 1200 BRICKELL AVE., SUITE 700 MIAMI, FL 33131	Mailing Address 1200 BRICKELL AVE., SUITE 700 MIAMI, FL 33131
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60013133



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <u>2350 CORAL WAY</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>403</u>	
City & State		City & State <u>MIAMI FL</u>	
Zip	Country	Zip <u>33145</u>	Country

01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2907718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANNER, STEPHEN
1200 BRICKELL AVE., SUITE 700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Orlando Fernandez Jr
Street Address (P.O. Box Number is Not Acceptable)
2350 CORAL WAY STE 403
City MIA FL Zip Code 33145

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] CPA (NOTE: Registered Agent signature required when reinstating) DATE 1/24/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACAR, ABDULLAH 1200 BRICKELL AVE., SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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] 1/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #