

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000061869

1. Entity Name
DEALER1STOP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06



2nd MOORE CR2E083 (4/06)

Principal Place of Business 322 E. CENTRAL BLVD., STE 1211 ORLANDO FL 32801	Mailing Address 322 E. CENTRAL BLVD., STE 1211 ORLANDO FL 32801
2. Principal Place of Business 322 E. Central Blvd (Suite 1211)	3. Mailing Address 322 E. Central Blvd (Suite 1211)
Suite, Apt. #, etc. Orlando, FL 32801	Suite, Apt. #, etc. Orlando, FL 32801
City & State 32801	City & State
Zip	Country U.S.
Zip	Country U.S.

4. FEI Number
32-015-2805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAUFFMAN, MICHAEL H
322 E. CENTRAL BLVD., STE 1211
ORLANDO FL 32801

Name
Haft Steinlauf + Company
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd Suite 475
Cornerstone #1
City
Plantation, FL 33327 Zip Code
33327

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 September 6, 2006

9. MANAGING MEMBERS / MANAGERS

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFFMAN, MICHAEL H 322 E. CENTRAL BLVD., STE 1211 ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080044108 09/21/06-01051--019 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sept 4, 2006

650-0188

Date

Daytime Phone #