


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

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

2nd MOORE CR2E083 (4/06)

6. Name and Address of Current Registered Agent KAUFFMAN, MICHAEL H 322 E. CENTRAL BLVD., STE 1211 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name Haft Heinlauff + Company Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd Suite 475 Cornerstone #1 City Plantation, FL 33327 FL Zip Code 33324	
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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		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--01061--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

Date

Daytime Phone #

Sept 7, 2006

650-0188