y The **2007 LIMITED LIABILITY COMPANY**

Apr 25, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000067974 04-25-2007 90038 032 ****55.00 1. Entity Name KEN'S CASH CARS LC DUUZUUL Principal Place of Business Mailing Address 1395 E DUVAL ST 140 NW KISSIMMEE WAY LAKE CITY, FL 32055 LAKE CITY, FL 32055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRICKLAND, KENNETH Street Address (P.O. Box Number is Not Acceptable) 140 NW KISSIMMEE WAY LAKE CITY, FL 32055 City Zip Code FL d 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 8. The above a the obligation regis**cred** 30 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TITI F □ Delete STRICKLAND, KENNETH NAME NAME 140 NW KISSIMMEE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FL 32055 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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

Delete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition

FILED