

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 A
Secretary of State**

DOCUMENT # L05000074514

1. Entity Name

SECOND GENERATION AUTO, LLC



Principal Place of Business

**4607 OAKES RD
FORT LAUDERDALE, FL 33314**

Mailing Address

**5313 S.W. 86TH WAY
COOPER CITY, FL 33323**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3215784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, ANTHONY J
5313 SW 86 WAY
FORT LAUDERDALE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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]

Anthony J Hernandez

1-4-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE A
NAME HERNANDEZ, ANTHONY J
STREET ADDRESS 5313 SW 86 HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE A
NAME HERNANDEZ, TERI
STREET ADDRESS 5313 SW 86 WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/10/07-80035-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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]

1-4-07

**954-791-
1290**

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

Date

Daytime Phone #