

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-03-2006 90074 015 ****55.00

DOCUMENT # L05000076286

1. Entity Name

IDEAL AUTO SALES OF CENTRAL FLORIDA LLC



Principal Place of Business

958 GULF TO LAKE HWY (RT. 44)
CRYSTAL RIVER FL 34433

Mailing Address

6716 WEST RIVERBEND ROAD
DUNNELLON FL 34433

incorrect

2. Principal Place of Business

7958 W. Gulf to Lake Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River FL

City & State

4. FEI Number

20-3245064

Applied For

Not Applicable

Zip

34429

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JUSTICE FOR ALL-FL LLC
10117 S. US HWY 441
7
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 removing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WINGLER, WALTER J	
STREET ADDRESS	6716 WEST RIVERBEND ROAD	
CITY-STATE-ZIP	DUNNELLON FL 34433	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WINGLER, CYNTHIA	
STREET ADDRESS	6716 WEST RIVERBEND ROAD	
CITY-STATE-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3-26-06

(352) 220-9190

Date

Daytime Phone #