

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90008 048 ****50.00

DOCUMENT # L05000076929

1. Entity Name
SUNCOAST AUTO OUTLET LLC



Principal Place of Business

**1305 S. TAMiami TRAIL
PUNTA GORDA, FL 33950**

Mailing Address

**32900 FIVE MILE RD.
SUITE 150
LIVONIA, MI 48154**

40124750



05252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3258430	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**DUBBANEH, SABAH MGRM
6 HIBISCUS DRIVE
PUNTA GORDA, FL 33950**

**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, 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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUBBANEH, SABAH
STREET ADDRESS	6 HIBISCUS DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	MGRM
NAME	SHUKEIREH, GUSTE
STREET ADDRESS	32900 FIVE MILE ROAD
CITY-ST-ZIP	LIVONIA, MI 48154

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Charles Dubbaneh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/9/07 941 628 3601