

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-21-2007 90364 043 ****50.00

DOCUMENT # L05000078695	
1. Entity Name NAV KAR, LLC	

Principal Place of Business 4651 HIGHWAY 20 NICEVILLE FL 32578	Mailing Address 4651 HIGHWAY 20 NICEVILLE FL 32578
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

30011030

1st MOORE CR2E083 (10/06)

4. FEI Number 20-3307901 AP-PLIED FOR	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NITAL, CONTRACTOR 4651 HWY 20 NICEVILLE FL 32578	7. Name and Address of New Registered Agent Name: Nital Contractor Street Address (P.O. Box Number is Not Acceptable): 1420 Baytowne Circle East City: Miramar Beach FL Zip Code: 32550
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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 reappointing)

DATE:

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME NITAL, CONTRACTOR		NAME	
STREET ADDRESS 4651 HWY 20		STREET ADDRESS	
CITY-ST-ZIP NICEVILLE FL 32578		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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

5/1/07

Date

Daytime Phone #