

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-11-2006 90093 005 *****50.00
L05000090997

DOCUMENT # L05000090997

1. Entity Name

~~DOC'S AUTO, LLC~~ DOC'S AUTO SALE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 9:31

Principal Place of Business
23490 US HIGHWAY 19 N.
CLEARWATER, FL 33765

Mailing Address
23490 US HIGHWAY 19 N.
CLEARWATER, FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

54-8826088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVELLINI, PETER A.
911 CHESNUT STREET
CLEARWATER, FL 33756

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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HAKKI, HADI
23490 US HIGHWAY 19 N.
CLEARWATER, FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

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

8-23-06 (727) 4583642
Date Daytime Phone #