

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90023 022 \*\*\*150.00

**DOCUMENT # L05000090997**

1. Entity Name  
**DOC'S AUTO SALE LLC**



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

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

**30001723**



**DO NOT WRITE IN THIS SPACE**

01142008No Chg-LLC • CR2E083 (12/07) -

4. FEI Number  
**59-8826088**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

**HADI, HAKKI**

**1-11-08**

(Signature of principal, owner, or person named as registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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:

**HADI, HAKKI**

**3-7-08**

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

Date

Daytime Phone #