2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 26, 2007 8:00 am Secretary of State **DOCUMENT # L05000095770** 02-26-2007 90304 038 ****55.00 DAN'S DEALS ON WHEELS AUTO TRANSPORT & SALES, Principal Place of Business Mailing Address 5300 S STATE RD 7 5300 S STATE RD 7 HOLLYWOOD, FL 33314 20005087 HOLLYWOOD, FL 33314 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number APPLIED FOR 20.0Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARAMILLO, DANIEL A Street Address (P.O. Box Number is Not Acceptable) **5300 S STATE RD 7** HOLLYWOOD, FL 33314 City 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 SIGNATURE Signature, typed or printed name of registered egent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE ☐ Addition TITLE ☐ Delete Change NAME JARAMILLO, DANIEL A NAME STREET ADORESS 11351 NW 4TH CT STREET ADDRESS CITY-ST-ZIF FT LAUDERDALE, 33 32514 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE JARAMILLO, DANIEL J NAME NAME 5350 SW 21ST CT STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TIFLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 flability company or the receiver of true empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED