

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000113707

1. Entity Name
REGENCY MOTORS SERVICE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:13

Principal Place of Business
103 N. VOLUSIA AVENUE
ORANGE CITY, FL 32763 US

Mailing Address
103 N. VOLUSIA AVENUE
ORANGE CITY, FL 32763 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSSIERE, DONALD
103 N. VOLUSIA AVENUE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name ALBA GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
3000 ETNA CIRCLE

City DELTONA

FL

Zip Code 32738

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/8/06

Filing Fee is \$50.00
Due by September 8, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUSSIERE, DONALD ☒ Delete
STREET ADDRESS 103 N. VOLUSIA AVENUE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME GONZALEZ, ALBA
STREET ADDRESS 103 N. VOLUSIA AVE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE MEMBER ☐ Change ☒ Addition
NAME GONZALEZ, BAMBALIER
STREET ADDRESS 103 N. VOLUSIA AVE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 100081661171
CITY-ST-ZIP 11/09/06--01038--009 **50.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS REINSTATEMENT 2006
CITY-ST-ZIP

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

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

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:

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

10/8/06

Date

Daytime Phone #