

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123477

FILED
Apr 16, 2007
Secretary of State

Entity Name: WORLD AUTO TAG AGENCY, LLC

Current Principal Place of Business:

914 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

914 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAYLOR, DANIEL E ESQ.
C/O TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

STROCHAK, JASON
200 S ANDREWS AVE
5D
FT LAUDERDALE, FL 33301 US

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.

SIGNATURE: JASON STROCHAK

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STROCHAK, JASON
Address: 914 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STROCHAK, KEN
Address: 914 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: MGR () Change (X) Addition
Name: ESPINEL, PAULINO
Address: 914 N FED HWY
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEN STROCHAK

MGR

04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date