


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90372 008 ****50.00

DOCUMENT # L06000009929	
1. Entity Name N & A AUTO SALES, LLC	

Principal Place of Business 3804 NORTH ORANGE BLOSSOM TRAIL # E 18 ORLANDO, FL 32804	Mailing Address 3804 NORTH ORANGE BLOSSOM TRAIL # E 18 ORLANDO, FL 32804
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1720 Saffron Plum Ln Suite, Apt. #, etc.
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City & State Orlando FL	City & State Orlando FL
Zip 32828	Country U.S.

60049100



03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4203896	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ABBAS, NASSER 3804 NORTH ORANGE BLOSSOM TRAIL # E 18 ORLANDO, FL 32804
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1720 Saffron Plum Ln City Orlando FL Zip Code 32828
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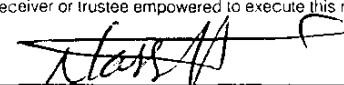
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE 04/12/07
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABBAS, NASSER 3804 N ORANGE BLOSSOM TRAIL, # E 18 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 Saffron Plum Ln Orlando FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 04/12/07 Date	DAYTIME PHONE # Daytime Phone #
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