

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90265 033 ***138.75

60015368



03132008 Chg-LLC CR2E083 (12/06)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|---|------|---------------------------------|------|------------------|--|----------------|----------------------|--|-------------|-----------------|--|---|--|-------|------|--|------|-----------------|--|----------------|-----------------|--|-------------|-----------------|--|
| DOCUMENT # L06000035874 1. Entity Name EAGLE EQUIPMENT & PARTS, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 10578 NW 51 STREET MIAMI, FL 33178 | | Mailing Address 10578 NW 51 STREET MIAMI, FL 33178 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 8000 NW 58 ST Suite, Apt. #, etc. | | 3. Mailing Address 8000 NW 58 ST Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State MIAMI, FLORIDA Zip 33166 Country | | City & State MIAMI, FLORIDA Zip 33166 Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-4808694 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SAAVEDRA, CARLOS 10578 N.W. 51 STREET MIAMI, FL 33178 | | 7. Name and Address of New Registered Agent Name CARLOS SAAVEDRA Street Address (P.O. Box Number is Not Acceptable) 8000 NW 58TH ST City MIAMI FL Zip Code 33166 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u><i>Sandra Romero</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 3/14/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAAVEDRA, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10578 N.W. 51 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | SAAVEDRA, CARLOS | | STREET ADDRESS | 10578 N.W. 51 STREET | | CITY-ST-ZIP | MIAMI, FL 33178 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARLOS SAAVEDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8000 NW 58TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table> | | TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | CARLOS SAAVEDRA | | STREET ADDRESS | 8000 NW 58TH ST | | CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | SAAVEDRA, CARLOS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 10578 N.W. 51 STREET | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33178 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | CARLOS SAAVEDRA | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 8000 NW 58TH ST | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33166 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROMERO, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10578 N.W. 51 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | ROMERO, SANDRA | | STREET ADDRESS | 10578 N.W. 51 STREET | | CITY-ST-ZIP | MIAMI, FL 33178 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANDRA ROMERO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8000 NW 58TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table> | | TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | SANDRA ROMERO | | STREET ADDRESS | 8000 NW 58TH ST | | CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ROMERO, SANDRA | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 10578 N.W. 51 STREET | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33178 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | SANDRA ROMERO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 8000 NW 58TH ST | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33166 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u><i>Sandra Romero</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date 3/14/08 <small>Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |