

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90192 014 ***155.00

DOCUMENT # L06000037887

1. Entity Name

SANDY'S AUTO PARTS & RESTORATIONS.,LLC.



Principal Place of Business

1801 NW 29TH. ST
BAY # 4
FT. LAUDERDALE FL 33311

Mailing Address

365 NW 45TH. CT
OAKLAND PARK FL 33309

2. Principal Place of Business - No P.O. Box #

1801 NW 29th ST
Suite, Apt. #, etc.
#4

3. Mailing Address

365 NW 45th CT
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)



City & State

OAKLAND PK, FL

City & State

OAKLAND PK, FL

4. FEI Number

20-4672108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, SANDY
365 NW 45TH. CT
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HERNANDEZ, SANDY
STREET ADDRESS 365 NW 45TH. CT
CITY-ST-ZIP OAKLAND PARK FL 33309

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #

2/21/07 954-486-4501