

FILED
Apr 11, 2007 8:00 am
Secretary of State

3/

03-29-2007 90177 046 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000044012

1. Entity Name
HIGGINBOTHAM CHEVROLET-CADILLAC, LLC



Principal Place of Business Mailing Address
104 S. RIVERSIDE DRIVE P.O. BOX 770
NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL 32170 US

00004041



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4876707

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

7. Name and Address of New Registered Agent

RICE & ROSE, P.A.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HIGGINBOTHAM MANAGEMENT COMPANY, INC.
STREET ADDRESS P.O. BOX 770
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/23/07

Date

350 734-2601

Daytime Phone #