2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-29-2007 90139 024 ****50.00

DOCUMENT # L06000061608

1. Entity Name

AUTO TREND SALES, LLC

Principal Place of Business	Mailing Address
870 111TH AVE. N. STE. 1 NAPLES FL 34108	870 111TH AVE. N. STE. 1 NAPLES FL 34108

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1166 Dimock Lane	1166 Dimock Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples Florida
Zip: 34110 / Country: Colliers	Zip: 34110 / Country: Collier

4. FEI Number: 23-2185729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ALAN T
870 111TH AVE. N.
STE. 1
NAPLES FL 34108

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR SCHIFFMAN, ALAN T 1166 DIMOCK LANE NAPLES FL 34110	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR SCHIFFMAN, SEDRA 1166 DIMOCK LANE NAPLES FL 34110	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #