## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 22, 2007 8:00 am Secretary of State 02-01-2007 90051 001 \*\*\*\*50.00

DOCUMENT # L06000087683  1. Entity Name AUTO EXCELLENCE, LLC					02-01-2007	30031 001	30.00	
Principal Place of Business		Mailing Address			]			
1255 BELLE AVE 183		1255 BELLE AVE 183						
WINTER SPRINGS, FL 32708			WINTER SPRINGS, FL 32708			BIL BENG BYNL BEIN BENG GAN	H CRISH HOIR IS SHE GHAL	IRIUR AMBOL AN LO DI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Surte. Apr. III, etc.			01132007		CR2E083 (12	
City & State		City & State		4. FEI Numi	55042	12 H	Applied For Not Applicable	
Zìp	Country	Zip Country		1	e of Status Desired		O Additional equired	
	6. Name and Address of Current	Registered Agent		Name	7. Nams an	d Address of New R	egistered Agent	· ·
VINACCO, JASON								
1255 BELL 183	LE AVE	Street Address			(P.O. Box Number is Not Acceptable)			
1	SPRINGS, FL 32708							<u>-</u>
				City FL Zip Code			Code	
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								
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/		
TITLE NAME	MGR VINACCO, JASON	☐ Delete	TITLE				☐ Chi	ange 🔲 Addition
STREET ADDRESS	1255 BELLE AVE #183			ET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			ST-DP				
TITLE NAME	SWASS, KERRY	☐ Delete	TITLE				☐ Cha	inge 🗌 Addition
STREET ADDRESS CITY-ST-ZIP	1255 BELLE AVE #183			ET ADDRESS				
me	WINTER SPRINGS, FL 32708	☐ Delete	TITLE	ST-ZIP			□ Cha	ange 🖸 Addition
NAME		□ ociae	NAME	1			[] W	ange 🖸 Accellent
STREET-ACCRESS CITY-SI-71P	•	-		ST-ZIP				
ME		☐ Delete	TITLE	·· <del>····</del>	··		☐ Cha	inge 🗌 Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			4	ST-ZIP				
TITLE		☐ Delete	TITLE		<del></del>	· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition
STREET ADDRESS			NAME	T ADDRESS				
CLTY+\$T+ZIP				SI-ZIP				
TITLE		☐ Delete	DILE				☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS			MAME	T ADDRESS				•
CITY-SI-ZIP				S1-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 flability companyor the receiver or trustee empowered to execute this export as required by Chapter 608. Florida Statutes.								
SIGNATURE: 127/07 407 595-3908 SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIMO Despring Prince #								