


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90154 020 \*\*\*\*55.00

<b>DOCUMENT # L06000094037</b> 1. Entity Name NEXT GENERATION STARTERS AND ALTERNATORS, LLC					
Principal Place of Business 3614 LAKE JOYCE DRIVE LAND O' LAKES, FL 34639 US			Mailing Address 3614 LAKE JOYCE DRIVE LAND O' LAKES, FL 34639 US		
2. Principal Place of Business - No P.O. Box # 4718 N. GRADY AVE		3. Mailing Address 8870 N. HINES AVE.			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. # 112			
City & State TAMPA FL.		City & State TAMPA, FL.		4. FEI Number 20-5612534	
Zip 33614		Country USE		Zip 33614	
Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  MERIDETH, KENNETH L 3614 LAKE JOYCE DRIVE LAND O' LAKES, FL 34639				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 a registered agent.					
SIGNATURE <u>Kenneth L. Merideth</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERIDETH, KENNETH L 3614 LAKE JOYCE DRIVE LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, ALLEN K 12401 EDGEKNOLL DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Kenneth L. Merideth</u> 7-3-07 (813) 786-9000 CE4					