

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000021240		
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1. Entity Name
PRO CAR SALES LLC

Principal Place of Business
1203B W CRAWFORDVILLE ST
QUINCY, FL 32351

Mailing Address
1203B W CRAWFORDVILLE ST
QUINCY, FL 32351

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED
08 JUL -9 AM 11: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8576789** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENFIELD, RON
58 SIOUX CIR
HAVANA, FL 32333

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)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEBALLOS, SATURNINO 1203B W CRAWFORDVILLE ST QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400132945964 07/15/08--01025--004 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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

7/9/08

Date

Daytime Phone #