

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

01-09-2008 90018 015 ***143.75

DOCUMENT # L07000041900 1. Entity Name THE AUTO SALON OF OCALA LLC			
Principal Place of Business 13501 EAST HWY 25 OCOLAWAHA, FL 32179		Mailing Address PO BOX 1964 OCOLAWAHA, FL 32183	
2. Principal Place of Business - No P.O. Box # 135-01 CTY RD 25 Suite, Apt. #, etc.		3. Mailing Address PO BOX 1964 Suite, Apt. #, etc.	
City & State OCOLAWAHA FL		4. FEI Number 20-8884947	
Zip 32183		Country USA	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAJKUMAR, RK 13501 EAST HWY 25 OCOLAWAHA, FL 32179			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <u></u> DATE _____ (NOTE: Registered Agent signatures required when new listing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAJKUMAR, RK 13501 EAST HWY 25 OCOLAWAHA, FL 32179 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 606, Florida Statutes.			
SIGNATURE: <u></u> Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

3000434



01072008 Chg-LLC CR2E083 (12/06)