


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90083 013 ***138.75

DOCUMENT # L07000056022					
1. Entity Name COUNTRY AUTO LLC					
Principal Place of Business 1987 NE 90TH ST ANTHONY, FL 32617			Mailing Address 1987 NE 90TH ST ANTHONY, FL 32617		
2. Principal Place of Business - No P.O. Box # 1987 NE 90TH ST.		3. Mailing Address PO Box 1330			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ANTHONY FLA.		City & State ANTHONY, FLA		4. FEI Number 14-2000434	
Zip 32617		Country MARION		Applied For Not Applicable	
Zip 32617		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FINK, HARVEY A 2 TROPICAL PARK RD OCALA, FL 34482			7. Name and Address of New Registered Agent Name: HARVEY FINK Street Address (P.O. Box Number is Not Acceptable): 2 TROPICAL PARK RD. City: OCALA FL Zip Code: 34482		
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>Harvey A Fink</u> <u>HARVEY FINK</u> <u>3/12/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINK, HARVEY A 2 TROPICAL PARK RD OCALA, FL 34482	<input type="checkbox"/> Delete			
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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>Harvey A Fink</u> <u>HARVEY FINK</u> <u>3/12/08</u> <u>352-8368-6007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					