

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085542

**FILED**  
**Jul 23, 2009**  
**Secretary of State**

**Entity Name:** PADILLA CARS COLLECTION, LLC

**Current Principal Place of Business:**

9851 NW 58 STREET #120  
DORAL, FL 331782718

**New Principal Place of Business:**

3188 NW 77TH CT  
DORAL, FL 33122

**Current Mailing Address:**

9851 NW 58 STREET #120  
DORAL, FL 331782718

**New Mailing Address:**

3188 NW 77TH CT  
DORAL, FL 33122

**FEI Number:** 26-1149063      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GONZALEZ, JORGE L  
1933 SW 27 AVE  
SUITE 201  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PADILLA RIVAS, MANUEL ANTONIO  
Address: 5960 NW 99 AVE BUILDING A SUITE 2  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PADILLA RIVAS, MANUEL ANTONIO  
Address: 3188 NW 77TH CT  
City-St-Zip: DORAL, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANUEL PADILLA

MGR

07/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date