

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000092306

**FILED**  
**Feb 16, 2008**  
**Secretary of State**

**Entity Name:** SIX CORNER COMPLETE AUTO CENTER, L.L.C.

**Current Principal Place of Business:**

13015 WEST DIXIE HWY  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

15126 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 26-0874548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALLE, CELESTE  
15126 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162 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 (X) Delete  
Name: JIMENEZ, DAVID  
Address: 1905 NE 123 STREET APT .11  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM ( ) Delete  
Name: VALLE, CELESTE  
Address: 15126 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM ( ) Delete  
Name: DUNCAN, EXTHERLENA  
Address: 15126 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** CELESTE VALLE

MGRM

02/16/2008

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