

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001927

FILED
Sep 01, 2009
Secretary of State

Entity Name: MIAMI AUTO TRENDZ LLC

Current Principal Place of Business:

465 NE 128TH ST
N MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

465 NE 128TH ST
N MIAMI, FL 33161

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

ESCARDANT, KEVIN
161 NE 13TH AVE
N MIAMI BEACH, FL 33162 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ESCARMANT, KEVIN
Address: 161 NE 13TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

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

Title: MGRM () Delete
Name: ROCK, CHRISTOPHER M
Address: 465 NE 128TH ST
City-St-Zip: N MIAMI, FL 33161

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

Title: MGRM (X) Delete
Name: HOLOZIER, GREGORY
Address: 1551 NE 167TH STREET APT #802
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: CHRISTOPHER ROCK

MGRM

09/01/2009

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