

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038905

Entity Name: PAYLESS CAR, LLC

FILED  
Aug 31, 2009  
Secretary of State

**Current Principal Place of Business:**

4701 SW 45TH STREET  
BLDG. 3 BAY 12  
DAVIE, FL 33314

**New Principal Place of Business:**

14490 SW 71 LANE  
MIAMI, FL 33183

**Current Mailing Address:**

7537 NW 7TH AVE  
MIAMI, FL 33150

**New Mailing Address:**

14490 SW 71 LANE  
MIAMI, FL 33183

FEI Number: 26-2437008      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:**

MOUSSA, SAMIR G  
4701 SW 45TH STREET  
BLDG. 3 BAY 12  
DAVIE, FL 33314 US

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

MOUSSA, SAMIR G  
14490 SW 71 LANE  
MIAMI, FL 33183 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: SAMIR G MOUSSA

08/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOUSSA, SAMIR G  
Address: 4701 SW 45TH STREET BLDG. 3 BAY 12  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOUSSA, SAMIR G  
Address: 14490 SW 71 LANE  
City-St-Zip: MIAMI, FL 33183

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: SAMIR G MOUSSA

MGRM

08/31/2009

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