

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095298

FILED
Jan 21, 2009
Secretary of State

Entity Name: MEMBER'S AUTO SHOPPER LLC

Current Principal Place of Business:

9960 N.W. 116TH WAY, SUITE 5
MEDLEY, FL 33178

New Principal Place of Business:

4464 N.W. 109 PASS
MIAMI, FL 33178

Current Mailing Address:

P.O. BOX 160580
HIALEAH, FL 33016

New Mailing Address:

4464 N.W. 109 PASS
MIAMI, FL 33178

FEI Number: 26-3660444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOIKO, BRUCE M
C/O ADORNO & YOSS LLP
2525 PONCE DE LEON BLVD., 4TH FLOOR
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

SUAREZ, ILIANA
4464 N.W. 109 PASS
MIAMI, FL 33178 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: ILIANA SUAREZ

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACOSTA, LEONARDO M
Address: 9960 N.W. 116TH WAY, SUITE 5
City-St-Zip: MEDLEY, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUAREZ, ILIANA
Address: 4464 N.W. 109 PASS
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Change (X) Addition
Name: SUAREZ, NELSON
Address: 4464 N.W. 109 PASS
City-St-Zip: MIAMI, FL 33178

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: NELSON SUAREZ

MGRM

01/21/2009

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