

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050865

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** AMIGO'S CAR RENTAL LLC

**Current Principal Place of Business:**

201 S BISCAYNE BLVD  
SUITE 905  
MIAMI, FL 33131 US

**New Principal Place of Business:**

3326 NW SOUTH RIVER DR  
MIAMI, FL 33142 US

**Current Mailing Address:**

201 S BISCAYNE BLVD  
SUITE 905  
MIAMI, FL 33131 US

**New Mailing Address:**

3326 NW SOUTH RIVER DR  
MIAMI, FL 33142 US

**FEI Number:** 32-0311454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTH, LEONARDO A  
201 S BISCAYNE BLVD  
SUITE 905  
MIAMI, FL 33131 US

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

MONTAGNE, VICTOR E  
3326 NW SOUTH RIVER DR.  
MIAMI, FL 33142 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: VICTOR E. MONTAGNE

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DE MONTAGNE, ZAIRA D  
Address: 3326 NW SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33142 US

Title: MGR  
Name: MONTAGNE PEREZ, VICTOR E  
Address: 3326 NW SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33142 US

Title: MGR  
Name: MONTAGNE RAMOS, VICTOR E  
Address: 3326 NW SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33142 US

Title: MGR  
Name: MONTAGNE RAMOS, CESAR E  
Address: 3326 NW SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33142 US

I hereby 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: ZAIRA D DE MONTAGNE

MGR

04/26/2011

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