

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000000209

1. Entity Name
AMAZINN LLC



Principal Place of Business

**C/O CRAIG ZINN AUTOMOTIVE GROUP
2300 N STATE ROAD 7
HOLLYWOOD, FL 33021**

Mailing Address

**C/O CRAIG ZINN AUTOMOTIVE GROUP
2300 N STATE ROAD 7
HOLLYWOOD, FL 33021**



03162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0219665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALTOMARE, ROBERT G
C/O CRAIG ZINN AUTOMOTIVE GROUP
2300 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

0000004/8395

04/08/06-80004-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZINN, CRAIG M
STREET ADDRESS	6670 OKEECHOBEE BLVD
CITY- ST- ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Craig M Zinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/20/06

Date

954 967 4111

Daytime Phone #