

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036634

Entity Name: ALFA AUTO SALES, LLC

FILED  
Sep 09, 2009  
Secretary of State

**Current Principal Place of Business:**

612 S.W. 17TH AVENUE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

612 S.W. 17TH AVENUE  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 20-2707448      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:**

SANTIAGO, WALTER  
612 SW 17 AV  
MIAMI, FL 33135      US

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

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:**

Title: MGRM ( ) Delete  
Name: IBANEZ, ISABEL  
Address: 2539 SOUTH BAYSHORE DRIVE, #429  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: DA SILVA, NORMA E  
Address: 2925 N.E. 190TH STREET  
City-St-Zip: MIAMI, FL 33180

Title: MGRM ( ) Delete  
Name: MARQUEZ, EUGENIO J  
Address: 1831 S.W. 15TH STREET  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: PICHARDO, DEBORAH M  
Address: 7113 N.W. 45TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: SANTIAGO, WALTER R  
Address: 2925 N.E. 190TH STREET  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES:**

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

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

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

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

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: WALTER SANTIAGO

MGRM

09/09/2009

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