I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 07/28/2017

SIGNATURE: ALFRED CASTIN

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 5830 NE 2ND AVENUE MIAMI, FL 33137

Current Mailing Address:

DOCUMENT# L16000112052

5830 NE 2ND AVENUE MIAMI, FL 33137

FEI Number: 82-1483285

Name and Address of Current Registered Agent:

LOUIS, GARRY 5830 NE 2ND AVENUE MIAMI, FL 33137 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	LOUIS, GARRY	Name	ALFRED , CASTIN J
Address	5830 NE 2ND AVENUE	Address	5830 NE 2ND AVENUE
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

MANAGER

Certificate of Status Desired: Yes

FILED Jul 28, 2017 Secretary of State CC1739476205

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WHERE'S MY CAR AUTO SALES AND REPAIR LLC

Date