

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000010043

**Entity Name:** BROKEN CARS LLC

**Current Principal Place of Business:**

2611 SAMMONDS RD  
PLANT CITY, FL 33563

**Current Mailing Address:**

2611 SAMMONDS RD  
PLANT CITY, FL 33563 US

**FEI Number:** 81-5022364

**Certificate of Status Desired:** No

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

ORSINI, ANGEL L  
2611 SAMMONDS RD  
PLANT CITY, FL 33563 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ORSINI, ANGEL  
Address 2611 SAMMONDS RD  
City-State-Zip: PLANT CITY FL 33563

*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.*

**SIGNATURE:** ANGEL ORSINI

**MANAGER**

**04/29/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date