



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2021

Annual Report: No filing fee if received by the due date.

Return completed form within 30 days to:
Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

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|-------------------------------|---------------------------------------|--|------------------------|----------------|-----------------|---------------------------------------|
| SOS Control N | lumber: 415444 | Filing Status: Active-Existing | | | | 1 |
| Limited Liability Company (D) | | Date Formed: 03/28/2014 Formation Locale: ID | | | | ► |
| Name and Mai | ling Address: | (1) Add or Change Mailing Address: | | | | |
| AUTO CITI LLC | | | | | | i |
| 5015 W EMER | | | | | | ľ |
| BOISE, ID 837 | '06-1531 | | | | | 4 |
| | | | | | | |
| - | ent (RA) and Registered Offic | ce (RO) Address: (2) C | Change RA and/or RC | Address: | | |
| FIDAN MUSLIU 5015 W EMER | | | | | | |
| BOISE, ID 83706 | | | | | | |
| B010E, 1B 007 | • | | | | | • |
| | | | | | | |
| | Note: The Registered C | office address must be a physical Ida | aho address (no po | stal box). | | |
| (3) New Regist | tered Agent (RA) Signature:_ | | | | | |
| | · · | If a new agent is appointed in item (2) | above, the new agent r | nust sign here | to accept the a | appointment |
| | ity Companies: Enter names and a | | | | | |
| | accepted. Changes here will not a | | f more space is ne | · · · · · · | | achment. |
| Manager/Member | Name | Business Address | | City, Sta | | |
| Mgr ☐Mem | FIDAM MUSLIU | 5015 WEITERAL | | BOISE | | 83706 |
| Mgr ☐ Mem ☐ Mgr ☐ Mem | FATITIR KAMENIC | 4 SOIS WEMERAL | 051 | 1501SE | IDAKO | 83106 |
| ☐ Mgr ☐ Mem | | | | | | , , , , , , , , , , , , , , , , , , , |
| ☐ Mgr ☐ Mem | | - | | | | |
| Mgr Mem | | | | - | | |
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| Mgr Mem | | - | | | | |
| Mgr | | | - | | | |
| Mgr Mem | | | | | | |
| Mgr Mem | | | | | | |
| _ | A 1 | | | | | |
| (5) Signature: | 11) 111 | (6) D | late: 5-11- | 2021 | | |
| (7) Type/Print Nam | e: FIDAN MUSC | (8) T | itle: OW7 | € R | mar | / |
| Instructions: Leg | ibly complete the form above. Sign an | d date this form and return to the addr | ess provided above. | | U | |