



# Idaho Limited Liability Company Reinstatement Form For Office Use Only

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Re **-FILED-** form to:  
Id: \_\_\_\_\_ State \_\_\_\_\_  
File #: 0004857495 atements  
Date Filed: 8/10/2022 4:54:00 PM  
Boise, ID 83720

Reinstatement fee: \$30.00.

Phone: (208) 334-2300

SOS Control Number: 460591  
Limited Liability Company (D)

Filing Status: Inactive-Dissolved (Administrative)  
Date Formed: 05/11/2015 Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

AUTO CHOICE L.L.C.  
7051 W FAIRVIEW AVE  
BOISE, ID 83704-8506

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

ALI RAMADANI  
7051 FAIRVIEW AVE  
BOISE, ID 83704

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.*

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	ALI RAMADANI	7051 W FAIRVIEW AVE	BOISE ID 83704
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: *Ali Ramadani*

(6) Date: 8-10-22

(7) Type/Print Name: ALI RAMADANI

(8) Title: MANAGER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.

B0719-7045 08/10/2022 4:54 PM Received by ID Secretary of State Lawrence Denney