

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY UPDATE/CHANGE  
ONLY; ALREADY  
FILED AND PAID  
ANNUAL FEE

<b>DOCUMENT # L05000099816</b> 1. Entity Name <b>JOE'S AUTO SALES LLC</b>					
Principal Place of Business <b>3680 CR 305 ELKTON, FL 32033-9801</b>		Mailing Address <b>3680 CR 305 ELKTON, FL 32033-9801</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>14-1938563</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> <b>WALER, RICHARD L JR 100 WALER WAY ST AUGUSTINE, FL 32086</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		State <b>FL</b>
Zip Code			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE <b>MGRM</b>	NAME <b>SARNOWSKI, WILLIAM A</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>5015 CLYMER RD</b>	CITY-ST-ZIP <b>ELKTON, FL 32033</b>		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>ELKTON, FL 32033</b>	CITY-ST-ZIP <b>ELKTON, FL 32033</b>		NAME <b>MBR Sarnowski, Jr William</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS _____	STREET ADDRESS <b>5015 Clymer Road</b>		STREET ADDRESS <b>Elkton, FL 32033</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	CITY-ST-ZIP <b>Elkton, FL 32033</b>		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>William A. Sarnowski</u>			Date: <u>5-8-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
14-1938563

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**Amended AR is \$50.00**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SARNOWSKI, WILLIAM A	
STREET ADDRESS	5015 CLYMER RD	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MBR Sarnowski, Jr William	
STREET ADDRESS	5015 Clymer Road	
CITY-ST-ZIP	Elkton, FL 32033	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

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FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 MAY 15 PM 2:59

SIGNATURE: William A. Sarnowski

Date: 5-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE