## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L98000002089** 02-23-2006 90228 040 \*\*\*150.00 SONÍC - FM AUTOMOTIVE, LLC Mailing Address Principal Place of Business ~ ~ ~ ~ ~ ~ ~ ~ ~ 13880 S. TAMIAMI TRAIL 13880 S. TAMIAMI TRAIL FT. MYERS, FL 33912 FT. MYERS, FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02172006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 59-3535971 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐X Delete TITLE ☐ Change ☐ Addition SMITH, O. BRUTON NAME NAME STREET ADDRESS 5401 E. INDEPENDENCE BLVD. STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28218 CITY-ST-ZIP MGR TITLE ☐ Duiete TITLE ☐ Change Addition SMITH, B. SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 5401 E. INDEPENDENCE BLVD. CITY-ST-ZiP CHARLOTTE, NC 28218 CITY-ST-7IP VT X Delete S ☐ Channe X Addition TITLE TITLE WYATT JR. E. LEE NAME NAME Stephen K. Coss STREET ADDRESS 10512 LADY GRACE LANE STREET ADDRESS 2831 Giverny Drive CITY-ST-7IP CITY-ST-ZIP CHARLOTTE, NC 28270 Charlotte, NC 28226 VP Delete TITLE ☐ Change ☐ Addition TITLE IUPPENLATZ, MARK NAME NAME STREET ADDRESS 2911 PROVIDENCE TRAIL LANE STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28270 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE PLUMMER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 5901 AVELON VALLEY, #938 CHARLOTTE, NC 28277 CITY-ST-ZIP CITY-ST-ZIP **X**Addition Delete TITLE AS ☐ Change TITLE LIPARI, LOU NAME NAME Scott Dobler STREET ADDRESS 10418 SPRINGROSE DRIVE STREET ADDRESS 2125 Larchwood Court CITY-ST-ZIP TAMPA, FL 33626 New Port Richet, Fl 34655 CITY-ST-ZIP

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.

Score Dobles

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

FILED Feb 23, 2006 8:00 am

727 . 647 . 3550

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