

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90034 024 ****50.00

0047022

DOCUMENT # M00000000560



1. Entity Name
COGGIN CARS L.L.C.

Principal Place of Business
**4306 PABLO OAKS COURT
JACKSONVILLE FL 32224**

Mailing Address
**PO BOX 16469
JACKSONVILLE FL 32245-6469**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3624906**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR TOMM, CHARLIE
STREET ADDRESS **4306 PABLO OAKS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR MARLETTE, LINDA L
STREET ADDRESS **4306 PABLO OAKS CT**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda L Marlette* **REQUIRED**

4-11-03

904 992-4110

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

Date

Daytime Phone #

CR2E083 (10/02)