

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021913

Entity Name: HYUNDAI OF NEW PORT RICHEY, LLC

Current Principal Place of Business:

3936 US HWY 19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

3936 US HWY 19
NEW PORT RICHEY, FL 34652

FEI Number: 59-3743200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KILLGORE PEARLMAN SEMANIE DENIUS & SQUIRES PA
2 SOUTH ORANGE AVE
5TH FLOOR
ORLANDO, FL 32801 US

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.

SIGNATURE: MICHAEL SEMANIE

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FINK, SCOTT MR
Address 4201 W SYLVAN RAMBLE ST
City-State-Zip: TAMPA FL 33609

Title MEMBER
Name FRAZIER, DAVID A
Address 2987 CYPRESS LAKES CT
City-State-Zip: TARPON SPRINGS FL 34688

Title CFO
Name MULLINS, MICHAEL E
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name LITTLE, JONATHAN H
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name MAYO, EARNEST J
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name PARENTE, WILLIAM A
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name DEVORACE, EVAN P
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name WOOLDRIDGE, PATRICK A
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT FINK

MGRM

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name SINGLETON, FRED H
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name CASANOVA, MAIKEL A
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name BLACKBURN, JAMES W
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE
Name BENSON, JERROD A
Address 3936 US HWY 19
City-State-Zip: NEW PORT RICHEY FL 34652