

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061847

**Entity Name:** AUTO CREDIT OF ORLANDO, LLC

**Current Principal Place of Business:**

4017 W 1ST STREET (S.R. 46)  
SANFORD, FL 32771

**Current Mailing Address:**

701 RIVERSIDE PARK PLACE  
SUITE 310  
JACKSONVILLE, FL 32204

**FEI Number:** 45-2401157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACKMAN, JOANNE  
701 RIVERSIDE PARK PLACE  
SUITE 310  
JACKSONVILLE, FL 32204 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PCOO  
Name WIMBERLY, R. GLYNN  
Address 701 RIVERSIDE PARK PLACE, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title VP  
Name LANE, RUSSELL T  
Address 701 RIVERSIDE PARK PLACE, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title VP  
Name LYNSKEY, BRIAN  
Address 701 RIVERSIDE PARK PLACE, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title ST  
Name CURRY, JEFFERY S  
Address 701 RIVERSIDE PARK PLACE, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFERY S CURRY

**SEC/TREAS**

**01/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date