

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000041402

Entity Name: AUTOOPTIONSJAX LLC

Current Principal Place of Business:

1433-5 ROMNEY STREET
JACKSONVILLE, FL 32211

Current Mailing Address:

6013 LAKE RIDGE AVE
JACKSONVILLE, FL 32211 US

FEI Number: 81-4133641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASSMAN, MICHAEL C
6013 LAKE RIDGE AVE
JACKSONVILLE, FL 32211 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 AMBR
Name PASSMAN, MICHAEL C
Address 1433-5 ROMNEY STREET
City-State-Zip: JACKSONVILLE FL 32211

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: MICHAEL PASSMAN

OWNER

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date