

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000427

Entity Name: ASBURY-DELAND IMPORTS, L.L.C.

Current Principal Place of Business:

2905 PREMIERE PARKWAY
SUITE 300
DULUTH, GA 30097-5240

FILED
Apr 18, 2016
Secretary of State
CC9676327353

Current Mailing Address:

2905 PREMIERE PARKWAY
SUITE 300
DULUTH, GA 30097-5240

FEI Number: 59-3604213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 P, CEO
Name HULT, DAVID W
Address 2905 PREMIERE PKWY SUITE 300
City-State-Zip: DULUTH GA 30097

Title VP
Name MONAGHAN, CRAIG
Address 2905 PREMIERE PKWY SUITE 300
City-State-Zip: DULUTH GA 30097

Title VP
Name MEES, MATTHEW
Address 2905 PREMIERE PKWY SUITE 300
City-State-Zip: DULUTH GA 30097

Title CFO
Name STYLE, KEITH
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title SECRETARY
Name VILLASANA, GEORGE
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title VP
Name KAROLIS, GEORGE
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title TREASURER
Name PETTONI, MATTHEW
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

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: MATTHEW MEES

VP

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date