

**2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M00000000551

**Entity Name:** COGGIN CHEVROLET L.L.C.

**Current Principal Place of Business:**

2905 PREMIERE PARKWAY  
SUITE 300  
DULUTH, GA 30097-5240

**Current Mailing Address:**

2905 PREMIERE PARKWAY  
SUITE 300  
DULUTH, GA 30097-5240

**FEI Number:** 59-3624905

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

Title SECRETARY  
Name VILLASANA, 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

Title VP  
Name HARTMAN, JOHN S  
Address 2905 PREMIERE PARKWAY  
SUITE 300  
City-State-Zip: DULUTH GA 30097-5240

Title CFO  
Name GOODMAN, SEAN D  
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

VICE PRESIDENT

08/14/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date