2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT
DOCUMENT\# M00000000551
Entity Name: COGGIN CHEVROLET L.L.C.
FILED
Apr 24, 2017
Secretary of State CC2429148631

## 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

## Authorized Person(s) Detail :

| Title | P, CEO | Title | VP |
| :--- | :--- | :--- | :--- |
| Name | HULT, DAVID W | Name | MONAGHAN, CRAIG T |
| Address | 2905 PREMIERE PKWY SUITE 300 | Address | 2905 PREMIERE PKWY SUITE 300 |
| City-State-Zip: | DULUTH GA 30097 | City-State-Zip: | DULUTH GA 30097 |
| Title | VP | Title | SECRETARY |
| Name | MEES, MATTHEW | Name | VILLASANA, GEORGE |
| Address | 2905 PREMIERE PKWY SUITE 300 | Address | 2905 PREMIERE PARKWAY |
| City-State-Zip: | DULUTH GA 30097 | City-State-Zip: | DULUTH GA 30097-5240 |
| Title | VP | Title | TREASURER |
| Name | KAROLIS, GEORGE | Name | PETTONI, MATTHEW |
| Address | 2905 PREMIERE PARKWAY | Address | 2905 PREMIERE PARKWAY |
| City-State-Zip: | DULUTH GA 30097-5240 | City-State-Zip: | DULUTH GA 30097-5240 |

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[^0]:    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
    04/24/2017
    Electronic Signature of Signing Authorized Person(s) Detail

