2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2017
Secretary of State
CC8275408384

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Entity Name: JC DEALER SYSTEMS, LLC

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: 58-2628641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGRM	Title	P, CEO
Name	ASBURY AUTOMOTIVE TAMPA, L.P.	Name	HULT, DAVID W
Address	2905 PREMIERE PARKWAY SUITE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097-5240	City-State-Zip:	DULUTH GA 30097-5240
Title	VP	Title	VP
Name	MONAGHAN, CRAIG T	Name	MEES, MATTHEW
Address	2905 PREMIERE PARKWAY SUITE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097-5240	City-State-Zip:	DULUTH GA 30097-5240
Title	SECRETARY	Title	VP
Name	VILLASANA, GEORGE	Name	KAROLIS, GEORGE
Address	2905 PREMIERE PARKWAY SUITE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097-5240	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 04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date