

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004331

Entity Name: BFP MOTORS L.L.C.

Current Principal Place of Business:

2905 PREMIERE PARKWAY
SUITE 300
DULUTH, GA 30097-5240

FILED
Apr 15, 2014
Secretary of State
CC9805003307

Current Mailing Address:

2905 PREMIERE PARKWAY
SUITE 300
DULUTH, GA 30097-5240

FEI Number: 30-0217335

Certificate of Status Desired: Yes

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 MGRM
Name CFP MOTORS LLC
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title MGR
Name KEARNEY, MICHAEL S
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title MGR
Name MONAGHAN, CRAIG T
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

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

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

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

Title MGR
Name KAROLIS, GEORGE
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

MGR

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date