

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000124

Entity Name: CH MOTORS L.L.C.

Current Principal Place of Business:

2905 PREMIERE PKWY
SUITE 300
DULUTH, GA 30097

Current Mailing Address:

2905 PREMIERE PKWY
SUITE 300
DULUTH, GA 30097 US

FEI Number: 59-3185442

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
Name	COGGIN AUTOMOTIVE CORP.
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	VP
Name	CLARA, DANIEL
Address	2905 PREMIERE PKWY, SUITE 300
City-State-Zip:	DULUTH GA 30097
Title	VP
Name	BARRON, SIDNEY
Address	2905 PREMIERE PKWY, SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	P, CEO
Name	HULT, DAVID W
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097
Title	SECRETARY
Name	VILLASANA, GEORGE
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097
Title	CFO
Name	WELCH, MICHAEL
Address	2905 PREMIERE PKWY, SUITE 300
City-State-Zip:	DULUTH GA 30097
Title	TREASURER
Name	REEVES, CHRIS
Address	2905 PREMIERE PKWY, SUITE 300
City-State-Zip:	DULUTH GA 30097

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

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date