

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1300000125

Entity Name: CFP 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: 65-0414571

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 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 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 CFO
Name WELCH, MICHAEL
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 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