

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002336

**Entity Name:** AUTO TITLES LLC

**Current Principal Place of Business:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201

**Current Mailing Address:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201 US

**FEI Number:** 81-1166402

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**0461552286CC**

*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           MANAGER, PRESIDENT, CEO  
Name           ROBERTS, DAVID  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           MEMBER  
Name           SUNSHINE STATE TAG AGENCY LLC  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           DIRECTOR, TREASURER, CFO  
Name           CONTI, CRAIG  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           SECRETARY  
Name           AVRAHAM, RAPHAEL  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           ASST. TREASURER  
Name           KOEHN, BRIAN  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           OTHER  
Name           LALLA, STEVEN  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           VP  
Name           RIES, MICHAEL  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title           ASST. SECRETARY  
Name           TORRES, CRISTIAN  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

**Continues on page 2**

*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:** KRISTIN WILLIAMS

**ASSISTANT SECRETARY   02/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY  
Name WILLIAMS, KRISTIN  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201