## 2024 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

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

Title

Title

**MEMBER** 

VΡ

EXECUTIVE VICE PRESIDENT

Date

FILED Apr 09, 2024

Secretary of State

3304518985CC

Authorized Person(s) Detail:

Title PRESIDENT AND CHIEF EXECUTIVE Title

OFFICER

Name ROBERTS, DAVID Name SUNSHINE STATE TAG AGENCY LLC

Address 1150 N. ALMA SCHOOL ROAD Address 1150 N. ALMA SCHOOL ROAD

City-State-Zip: MESA AZ 85201

Title MANAGER

Name ROBERTS, DAVID

Address 1150 N. ALMA SCHOOL ROAD

Address 1150 N. ALMA SCHOOL ROAD

City-State-Zip: MESA AZ 85201

City-State-Zip: MESA AZ 85201

Title ASSISTANT TREASURER

Name TORRES, CRISTIAN

Name KOEHN, BRIAN

Address 1150 N. ALMA SCHOOL ROAD

City-State-Zip: MESA AZ 85201

City-State-Zip: MESA AZ 85201

Title CHIEF FINANCIAL OFFICER AND Name RIES, MICHAEL

TREASURER Name NES, WICHAEL

Name CONTI, CRAIG Address 1150 N. ALMA SCHOOL ROAD

Address 1150 N. ALMA SCHOOL ROAD City-State-Zip: MESA AZ 85201

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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: DAVID ROBERTS MANAGER 04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

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

Title SECRETARY

Name AVRAHAM, RAPHAEL

Address 1150 N. ALMA SCHOOL ROAD

City-State-Zip: MESA AZ 85201