

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002350

Entity Name: AUTO TAG 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: 81-1170430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

FILED
Mar 06, 2023
Secretary of State
6481322728CC

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

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

Title EXECUTIVE VICE PRESIDENT
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. TREASURER
Name KOEHN, BRIAN
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

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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: KRISTIN WILLIAMS

ASSISTANT SECRETARY 03/06/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

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