

**2024 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*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 MEMBER  
Name SUNSHINE STATE TAG AGENCY LLC  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

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

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

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

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name ROBERTS, DAVID  
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 CHIEF FINANCIAL OFFICER AND TREASURER  
Name CONTI, CRAIG  
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

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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

Date

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

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