

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005359

**Entity Name:** HOLMAN STRATEGIC INVESTMENTS, LLC**Current Principal Place of Business:**4001 LEADENHALL ROAD  
MT LAUREL, NJ 08054**Current Mailing Address:**4001 LEADENHALL ROAD  
MT LAUREL, NJ 08054 US**FEI Number:** 82-0943729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 HOLMAN AUTOMOTIVE GROUP, INC.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title AUTHORIZED SIGNER  
Name MULLIN, KATHERINE A  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title VP  
Name CANDELORO, ANTHONY J  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title TREASURER, VP  
Name . HORWITH, BRIAN K  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title SECRETARY  
Name WELLS, JAMES RUSSELL  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title VP  
Name TRIEU, JOHN  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title DIRECTOR, PRESIDENT, CEO  
Name CARISS, WILLIAM J  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

*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: JAMES RUSSELL WELLS****SECRETARY****03/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date