

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003221

**Entity Name:** HOLMAN NATIONAL RETAIL HOLDINGS, LLC

**Current Principal Place of Business:**

4001 LEADENHALL RD.  
MT. LAUREL, NJ 08054

**Current Mailing Address:**

4001 LEADENHALL RD.  
MT. LAUREL, NJ 08054 US

**FEI Number: 81-2042731**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, EXECUTIVE VICE  
PRESIDENT  
Name MULLIN, KATHERINE A  
Address 4001 LEADENHALL RD.  
City-State-Zip: MT. LAUREL NJ 08054

Title MBR  
Name HOLMAN AUTOMOTIVE GROUP, INC.  
Address 4001 LEADENHALL RD.  
City-State-Zip: MT. LAUREL NJ 08054

Title VP  
Name MCNALLY, BRIAN J  
Address 4001 LEADENHALL RD.  
City-State-Zip: MT. LAUREL NJ 08054

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

Title PRESIDENT  
Name WELSH, EUGENE V  
Address 4001 LEADENHALL RD.  
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: KATHERINE A. MULLIN**

**SECRETARY**

**03/16/2023**

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

\_\_\_\_\_  
Date