


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007064 1. Entity Name AUTOMOTIVE CONCEPTS OF ORLANDO, LLC	
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Principal Place of Business
965 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
965 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714



03032005 No Chg-LLC

GR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2152636	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AUTOMOTIVE CONCEPTS OF NORTH AMERICA, INC.
965 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000271869

03/21/05-80065-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM RICHARDS, THOMAS 513 HORSHAM ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-15-05

215 443 5420

Date

Daytime Phone #