

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008930

**Entity Name:** AUTO VENTURE, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

217 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4288  
TALLAHASSEE, FL 323154288

**New Mailing Address:**

217 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303

**FEI Number:** 59-3662542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUFORD, A.L. III  
217 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUFORD, A.L. III  
Address: 217 JOHN KNOX ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: A.L. BUFORD, III

MGR

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date