

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004878

FILED
Mar 24, 2009
Secretary of State

Entity Name: WILLIAM WALLACE AUTOMOTIVE, LLC

Current Principal Place of Business:

3725 SE FEDERAL HWY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3801 SE FEDERAL HWY
STUART, FL 34997

New Mailing Address:

FEI Number: 65-1093371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, WILLIAM L
3801 SE FEDERAL HWY
STUART, FL 34997 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 () Delete
Name: WALLACE AUTOMOTIVE M, ANAGEMENT CORP O RATION
Address: 3801 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: WALLACE, WILLIAM L
Address: 3801 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

Title: VS () Delete
Name: SMITH, D. LEE
Address: 3801 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: POWELL, JUDITH L
Address: 3801 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: SMITH, D. LEE
Address: 175 DOVE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S (X) Change () Addition
Name: POWELL, JUDITH L
Address: 494 KRUEGER CREEK PLACE
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUDITH L POWELL

S

03/24/2009

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