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May 06, 2002 8:00 am
Secretary of State

05-06-2002 90124 039 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007631

1. Entity Name

AUTO KOROS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
877 GRAND REGENCY	877 GRAND REGENCY
Suite, Apt. #, etc. BLDG 13 APT 204	Suite, Apt. #, etc. BLDG. 13 APT 204
City & State ALTAMONTE SPRINGS	City & State ALTAMONTE SPRINGS
Zip 32714 Country	Zip 32714 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2626337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name IMRE SZAFRICS

Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106

City ORLANDO FL Zip Code 32801

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.

SIGNATURE [signature], IMRE SZAFRICS, RA 4/22/02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER AUTO KOROS LTD, HUNGARY SZARVASI UT 74 BEKESCSABA, HU 5600 HUNGARY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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], RA, AUTHORIZED REPRESENT. 4/22/02 7704365535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #