

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009393

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: APEX AUTO GROUP, L.L.C.

**Current Principal Place of Business:**

350 E. CROWN POINT RD.  
SUITE 1000  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 394  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 59-3725679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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: MELWANI, NANIK N  
Address: 350 E. CROWN POINT RD, SUITE 1000  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR ( ) Delete  
Name: MELWANI, YOGESH N  
Address: 350 E. CROWN POINT RD, SUITE 1000  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: MELWANI, YOG N  
Address: 350 E. CROWN POINT RD, SUITE 1000  
City-St-Zip: WINTER GARDEN, FL 34787

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: MELWANI YOG

MGRM

04/21/2009

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