

UNIFORM LIMITED LIABILITY COMPANY BUSINESS REPORT (UCL-1)

DOCUMENT # L01000012158

 1. Entity Name
AUTO2K-LLC


FILE \$150.00

03 OCT 10 AM 8:00

Principal Place of Business

Mailing Address

 4890 MCGILL ST
 BOYNTON BEACH FL 33436

 4890 MCGILL ST
 BOYNTON BEACH FL 33436

 5090 Saturn Ring Ct
 Greenacres, FL 33463

 5090 Saturn Ring Ct
 Greenacres, FL 33463

2. Principal Place of Business

3. Mailing Address

 5090 Saturn Ring Ct
 Suite, Apt. #, etc.

 5090 Saturn Ring Ct
 Suite, Apt. #, etc.

City & State

Greenacres Florida

City & State

Greenacres Florida

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number 72-1450018

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PIPER, MARK F

4890 MCGILL ST

BOYNTON BEACH FL 33436

Above

7. Name and Address of New Registered Agent

Name

Mark F Piper

Street Address (P.O. Box Number is Not Acceptable)

5090 SATURN Ring Ct

City

Greenacres

FL

Zip Code

33463

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

FILE NOW!!! FEE IS \$50.00

 Make Check Payable to Florida Department of State
 Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

 TITLE MGR
 NAME PIPER, MARK F
 STREET ADDRESS 4890 MCGILL ST
 CITY-ST-ZIP BOYNTON BEACH FL 33436
 5090 Saturn Ring Ct
 Greenacres FL
33463 ☐ Delete
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. MGR ADDITIONS / CHANGES

 TITLE MGR
 NAME MARK F. PIPER
 STREET ADDRESS 5090 Saturn Ring Ct
 CITY-ST-ZIP Greenacres, FL 33463
☒ Change ☐ Addition
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

10/6/03

5614368195

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

Date

Daytime Phone #