LIMITED LIABILITY COMPANY

limited liability company or

SIGNATURE

**FILED** Mar 03, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) L01000015117 **DOCUMENT#** 03-03-2003 90006 010 \*\*\*\*55.00 1. Entity Name PURE CLASS AUTO SALES, LLC DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business Pine Hill Same 1807 DO NOT WRITE IN THIS SPACE Suite Apt #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable \$5.00 Additional Country Zio Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Greenber DO NOT WRITE IN THIS SPACE 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 the obligations of registered agent. ature, typed or printed name of registered agent and title if applicable FEE IS \$50:00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS monager TITLE TITLE nichael Green NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Harbeer. CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE IN THIS SPACE TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the erectio execute this report as required by Chapter 608, Florida Statutes