

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007927

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** GERMAIN AUTOMOTIVE OF NAPLES, LLC

**Current Principal Place of Business:**

659 AIRPORT-PULLING RD  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

13315 N. TAMIAMI TRAIL  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 01-0657152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROGERS, WILLIAM L  
10661 AIRPORT RD STE 16  
NAPLES, FL 34109 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: VS ( ) Delete  
Name: GERMAIN, STEPHEN L  
Address: 5777 SCARBOROUGH BLVD  
City-St-Zip: COLUMBUS, OH 43232

Title: PT ( ) Delete  
Name: GERMAIN, ROBERT L JR  
Address: 13315 N TAMIAMI TRL  
City-St-Zip: NAPLES, FL 34110

Title: AS ( ) Delete  
Name: MCCARTHY, SEAN H  
Address: 4250 MORSE CROSSING  
City-St-Zip: COLUMBUS, OH 43219

**ADDITIONS/CHANGES:**

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

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

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

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: MATTHEW M. MCKINNON

CPA

04/22/2009

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