

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90060 024 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000011494			
1. Entity Name GO AUTO RENTAL ENTERPRISES LLC.			
Principal Place of Business 11777 ISLAND LAKE LN. BOCA RATON, FL 33498		Mailing Address 11777 ISLAND LAKE LN. BOCA RATON, FL 33498	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0695090		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUYGHUIS-DESPOINTE, BENOIT 11777 ISLAND LAKE LN. BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name HUYGHUES-DESPOINTE, BENOIT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent's signature required when submitting)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUYGHUIS-DESPOINTE, BENOIT 11777 ISLAND LAKE LN. BOCA RATON, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUYGHUES-DESPOINTE, BENOIT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 806, Florida Statutes.			
SIGNATURE: BENOIT HUYGHUES-DESPOINTE, MGR 04/30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

1010477

☐ CHECK HERE IF MAKING CHANGES

CPRE003 (10/02)

305-6384544