

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015750

Entity Name: CARSJAX.COM, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

5337 FLORENCE POINT DR  
FERNANDINA BCH, FL 32034

## New Principal Place of Business:

5340 CR 210 W  
JACKSONVILLE, FL 32259

## Current Mailing Address:

5337 FLORENCE POINT DR  
FERNANDINA BCH, FL 32034

## New Mailing Address:

5340 CR 210 W  
JACKSONVILLE, FL 32259

FEI Number: 04-3690098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HENDRIX, MICHAEL B  
5337 FLORENCE POINT DR  
FERNANDINA BCH, FL 32034      US

## Name and Address of New Registered Agent:

RICHTER, DIANA  
5340 CR 210 W  
JACKSONVILLE, FL 32259      US

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: DIANA RICHTER

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HENDRIX, MICHAEL B  
Address: 5337 FLORENCE POINT DIR  
City-St-Zip: FERNANDINA BCH, FL 32034

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: RICHTER, DIANA  
Address: 5340 CR 210 W  
City-St-Zip: JACKSONVILLE, FL 32259

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: DIANA RICHTER

RA

05/01/2009

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