

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90432 038 \*\*\*\*50.00

**DOCUMENT # L02000030482**

**1. Entity Name**  
**GLOBAL AUTOMOTIVE FINANCIAL SERVICES, L.L.C.**



**Principal Place of Business**  
**837 E. NEW HAVEN AVENUE**  
**MELBOURNE, FL 32901**

**Mailing Address**  
**837 E. NEW HAVEN AVENUE**  
**MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**43-2002789**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**BERTEL, FREDERICK**  
**837 E. NEW HAVEN AVENUE**  
**MELBOURNE, FL 32901**

**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 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**

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>BERTEL, FREDERICK</b>
<b>STREET ADDRESS</b>	<b>140 3RD AVE</b>
<b>CITY-ST-ZIP</b>	<b>INDIALANTIC, FL 32903</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

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

**Date**

**Daytime Phone #**