

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000030961

FILED
Oct 08, 2009
Secretary of State**Entity Name:** AUTO AUCTION HOLDINGS, LLC**Current Principal Place of Business:**3500 N.W. 21ST STREET
LAUDERDALE LAKES, FL 33311**New Principal Place of Business:****Current Mailing Address:**2800 NORTH UNITED STATES HIGHWAY 17-92
LONGWOOD, FL 32750**New Mailing Address:****FEI Number:** 65-1166681**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERMAN, WILLIAM R
445 DOUGLAS AVENUE, SUITE 1705
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**WILSON, GREGORY M
29 E. PINE ST.
ORLANDO, FL 32801 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: GREGORY M. WILSON

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: S FLA AUTO AUCTION OF FT LAUDERDALE INC
Address: 3500 NW 21ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311**Title:** S () Delete
Name: KELLEY, GAYLE T
Address: 2800 N US HIGHWAY 17-92
City-St-Zip: LONGWOOD, FL 32750**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: LORENZ, CHERYL
Address: 2800 N US HIGHWAY 17-92
City-St-Zip: LONGWOOD, FL 32750

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: CHERYL LORENZ

S

10/08/2009

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