

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001354

Entity Name: KINGSLEY AUTO SALES LLC

FILED
Feb 23, 2008
Secretary of State

Current Principal Place of Business:

5319 COMMERCIAL WAY
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

5319 COMMERCIAL WAY
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 42-1569601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KITCHEN, ALBERT S
7519 HIGHPOINT BLVD
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

LANG-KITCHEN, CATHY
7519 HIGHPOINT BLVD
BROOKSVILLE, FL 34613 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: CATHY LANG-KITCHEN

02/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KITCHEN, ALBERT S
Address: 7519 HIGHPOINT BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM () Delete
Name: LANG-KITCHEN, CATHY
Address: 7519 HIGHPOINT BLVD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANG-KITCHEN, CATHY
Address: 7519 HIGHPOINT BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM (X) Change () Addition
Name: KITCHEN, ALBERT S
Address: 7519 HIGHPOINT BLVD
City-St-Zip: BROOKSVILLE, FL 34613

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: CATHY LANG-KITCHEN

MGR

02/23/2008

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