

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000001528

FILED
Dec 23, 2009
Secretary of State**Entity Name:** EUROPEAN AUTHORIZED COACHWORKS, L.C.**Current Principal Place of Business:**EUROPEAN AUTHORIZED COACHWORKS, L.C.
2421 NE 5TH AVENUE
POMPANO BEACH, FL 33064**New Principal Place of Business:****Current Mailing Address:**EUROPEAN AUTHORIZED COACHWORKS, L.C.
2421 NE 5TH AVENUE
POMPANO BEACH, FL 33064**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROE, ROBERT K
2421 NE 5TH AVE
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: ROE, ROBERT K
Address: 2421 NE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064**Title:** MGRM () Delete
Name: SHELTON, TOM
Address: 5750 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: ROE, ROBERT K
Address: 2421 NE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064**Title:** MGR (X) Change () Addition
Name: HAYIM, GARRETT
Address: 5750 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

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: GARRETT HAYIM

MGM

12/23/2009

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