

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90275 046 ***150.00

DOCUMENT # L03000003186

1. Entity Name
JRM AUTOMOTIVE REALTY, LLC



Principal Place of Business
**221 S.W. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34984**

Mailing Address
**221 S.W. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34984**

24038155



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

81-0594161

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOHL, N. DEAN JR.
50 S.E. KINDRED STREET, SUITE 107
STUART, FL 34994**

Name **STEPHEN NAVARETTA**

Street Address (P.O. Box Number is Not Acceptable)

1100 SW ST. LUCIE WEST BLVD

City **PORT ST. LUCIE**

FL

Zip Code **34986**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
NAME **YOLANDA MERINGOLA**
STREET ADDRESS **221 SW PORT ST. LUCIE BL.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **YOLANDA MERINGOLA**
STREET ADDRESS **221 SW PORT ST LUCIE BLVD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

YOLANDA MERINGOLA 3/25/04 772-879-9551

YOLANDA MERINGOLA 4/6/04