


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-19-2004 90160 014 ****55.00

DOCUMENT # L03000007561 1. Entity Name AUTO DEALS, LLC					
Principal Place of Business 6315 BEACH BLVD JACKSONVILLE, FL 32216			Mailing Address PO BOX 16005 JACKSONVILLE, FL 32245		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOUNTAIN, H.R. 4585 WINDING LN CALLAHAN, FL 32011				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM H.R. FOUNTAIN 4585 WINDING LN CALLAHAN, FL 32011		
			MGRM JAMES M. AMERSON 13467 HARBOR WINDS DRIVE, N. JACKSONVILLE, FL 32225		
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 7-6-04 Daytime Phone # 904-725-0550		

34009155



07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number **06-1677595** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007561

1. Entity Name
AUTO DEALS, LLC



Principal Place of Business
6315 BEACH BLVD
JACKSONVILLE, FL 32216

Mailing Address
PO BOX 16005
JACKSONVILLE, FL 32245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-LLC

CR2E083 (10/03)

FEI Number

061677595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, H.R.
4585 WINDING LN
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

AUTO DEALS LLC
6315 BEACH BLVD
JACKSONVILLE, FL 32216
(904) 725-0550

2068

63-234/830

☐ Change

☐ Addition

PAY TO THE
ORDER OF

FL Dept of State

DATE

\$ 55.00

☐ Change

☐ Addition

SUNTRUST
SunTrust Bank

DOLLARS

Security
Features
Details on
Back

☐ Change

☐ Addition

OR Annual Report LLC

0630023461000012172911 2068

Statutes. I further certify that the information
n a managing member or manager of the

SIGNATURE:

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

2/17/04

Date

Daytime Phone #

904 725-0550

PHONE NO. :

Attachment
PHONE NO. : 34009155



L030000076

NOTICE OF INTENT TO DISSOLVE

0201724 01 AT 0.183 **AUTO TO 0 1209 32245-600605



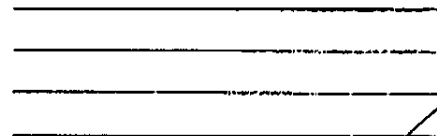
To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # L03000007561

Mail Report to:

AUTO DEALS, LLC
PO BOX 16005
JACKSONVILLE FL 32245-6005



CR25095 4/04

TO OPEN, FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

CR25095 4/04
Bustione
1-850-245-6051