

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90031 014 ****50.00

DOCUMENT #

1. Entity Name

Turnkey Auto Sales & Service, LLC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14030 Palm Beach Blvd.

3. Mailing Address

14030 Palm Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

54-2107084

Applied For

Not Applicable

Zip

33905

Country

Lee

Zip

33905

Country

Lee

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Tamara R. Cotner

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

3822 Highlight St.

City Ft. Myers

FL

Zip Code 33905

**DO NOT WRITE
IN THIS SPACE**

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 *Tamara R. Cotner*

Signature, typed or printed name of registered agent and title if applicable.

12-18-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President/owner
Frederick Troy Cotner
3822 Highlight St.
Ft. Myers FL 33905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary, Treasurer / owner
Tamara R. Cotner
3822 Highlight St.
Ft. Myers FL 33905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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

12-18-03

Date

239-229-2842

Daytime Phone #

CR2ED83B (12/02)