

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016047

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** TURNKEY AUTO SALES & SERVICE LLC

**Current Principal Place of Business:**

4829 B PALM BEACH BLVD.  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

3822 HIGHLIGHT STREET  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 54-2107084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTNER, TAMARA R  
14030 PALM BEACH BLVD.  
FT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

COTNER, TAMARA R MRS.  
4852B PALM BEACH BLVD.  
FT MYERS, FL 33905 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: TAMARA R. COTNER

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COTNER, FREDERICK TROY  
Address: 14030 PALM BEACH BLVD  
City-St-Zip: FT MYERS, FL 33905

Title: MGRM (X) Delete  
Name: COTNER, TAMARA R  
Address: 14030 PALM BEACH BLVD  
City-St-Zip: FT MYERS, FL 33905

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COTNER, FREDERICK TROY  
Address: 4852B PALM BEACH BLVD  
City-St-Zip: FT MYERS, FL 33905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FREDERICK TROY COTNER

MGRM

04/23/2009

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