## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 22, 2004 8:00 am Secretary of State DOCUMENT # L03000017113 1. Entity Name 03-22-2004 90424 016 \*\*\*\*50 00 PREFERRED AUTO SALES, LLC Principal Place of Business Mailing Address 12518 BAY POINTE TERRACE 12518 BAY POINTE TERRACE 24027585 CORTEZ FL 34215 CORTEZ FL 34215 2. Principal Place of Bysiness 3. Mailing Address EAST Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State Applied For BICHDENTON 4. FEI Number *56-2359860* Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCOTT, TERRY J Street Address (P O Box Nut 1111 26TH AVE. EAST **BRADENTON FL 34208** City Zip Code 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 Nanagina (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MEMBER MANAGING-TITLE ☐ Delete TITLE ☐ Addition DENNIS R. MARCON NAME NAME 12518 BAYPOINTE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WRITER, FL 34215 TITLE ☐ Delete TITLE ☐ Addition J. MARCOT TERRY J. MITTER TERRACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 34215 Change Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**