2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 03, 2005 8:00 am DOCUMENT # L03000018142 Secretary of State BOWLING GREEN DEALERSHIP, LLC 03-03-2005 90026 044 ****55.00 Principal Place of Business Mailing Address 707 SOUTH WASHINGTON BLVD. 707 SOUTH WASHINGTON BLVD. 20017907 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 35-2207181 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOSCH, JOHN E ESQ Street Address (P.O. Box Number is Not Acceptable) 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236 Zip Code FL 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, 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, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGRM** ☐ Delete TITI F ■ Addition TITLE ☐ Change BUCHANAN, VERNON G NAME NAME STREET ADDRESS 707 S. WASHINGTON BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-SI-7IP ☐ Delete TITLE Change □ Addition TITLE NARVEZ; CHRISTOPHER R NARVAEZ NAME NAME STREET ADDRESS 707 S. WASHINGTON BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE -0N+. ☐ Change Addition Addition Stater, Devnis NAME 207 S. Washington BWO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Delete

☐ Addition