

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027440

FILED
Apr 15, 2009
Secretary of State

Entity Name: RPM AUTOMOTIVE - ORTEGA, LLC

Current Principal Place of Business:

5431 ROOSEVELT BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

9148 PHILIPS HIGHWAY
JACKSONVILLE, FL 322561308

New Mailing Address:

FEI Number: 81-0627139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, MICHAEL A
50 N. LAURA STREET, SUITE 2600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOWELL, JAMES C
Address: 9148 PHILIPS HWY.
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: ALBRITTON, AARON
Address: 9148 PHILIPS HWY.
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: KERR, TIM
Address: 9148 PHILIPS HWY.
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

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

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: JAMES C. STOWELL

MGRM

04/15/2009

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