

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031953

FILED
May 27, 2005
Secretary of State

Entity Name: AUTOUPLINK USA-MID FLORIDA, LLC

Current Principal Place of Business:

4018 W. SOUTH AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4018 W. SOUTH AVENUE
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 05-0586979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAURAIN, DAVID A
19801 GUNN HWY
ODESSA, FL 33556 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAURAIN, DAVID A
Address: 19801 GUNN HWY
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: SLOTTKE, RONALD
Address: 11650 DECATUR DR.
City-St-Zip: WESTMINSTER, CO 80234 US

Title: MGRM () Delete
Name: FARHNER, PAUL
Address: 11687 RIDGE DR
City-St-Zip: PINCKNEY, MI 48169 US

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 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 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: DAVID A. LAURAIN

MGRM

05/27/2005

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