2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 25, 2008 8:00 am Secretary of State

DOCUMENT # L0400005783 1. Entity Name FLORIDA CARS OF FLORIDA, LLC					07-25-2008 90015 031 ***138.75			
Principal Place of Business 9005 ATLANTIC BLVD. JACKSONVILLE, FL 32211 4521-4 ST Augustine Rd 52065000.14 F1 32207		Mailing Address 9005 ATLANTIC BLVD. JACKSONVILLE, FL 32211 SAme			50008920			
3 Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		07212008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Numbe 20-0140				oplied For ot Applicable
Zip	Country	Zip	Country		of Status Desired		5.00 Add	ditional
	6. Name and Address of Currer	nt Registered Agent		7. Name and	Address of New R			
			Name					
CAGLE, PETER F 11559 HALETHORPE DRIVE JACKSONVILLE, FL 32223		Street Address		dress (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
					,			
•		••	City			FL	Zip Cod	le
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its r	registered office or r	registered agent, or both	, in the State of Flo	orida. I am fe	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age							
	adiame, types or binnes name or redistates age	mit and title if applicable. (NOTE:	: Registered Agent signature	e required when reinstating)		DATE		
FILI	E NOWIII FEE IS \$538.75 by September 12, 2008	I Law	Registered Agent signature	e (equired when reinstating)		e check pa Departme	•	e
	E NOWILL FEE IS \$538.75 by September 12, 2008 MANAGING MEMI	BERS/MANAGERS	Registered Agent signature	e (equired when reinstating)		e check pa ı Departme	•	e
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

TURE AND TOPED OR PRINTED NAME OF SIGNING MANAGER MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Oate

Daytime Phone #