


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # L04000048425**

**1. Entity Name**  
**SELECT AUTOMOTIVE GROUP, LLC**



Principal Place of Business	Mailing Address
416 1/2 NORTH ORANGE AVENUE	2578 ENTERPRISE RD.
#7	#125
DELAND, FL 32720 US	ORANGE CITY, FL 32763 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		2578 Enterprise Rd #121	
City & State		Suite, Apt. #, etc. Orange City FL	
Zip		City & State	
Country	Zip	Country	Zip
	32763	Volusia	

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04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
20-1401472	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
BRINKLEY, KEVIN T 532 SYLVIA DR. DELTONA, FL 32725

7. Name and Address of New Registered Agent		
Name Kevin T. Brinkley		
Street Address (P.O. Box Number is Not Acceptable)		
2578 Enterprise Rd. #125		
City Orange City	FL	Zip Code 32763

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 Keri B. [Signature]  
Signature, typed or printed name of registered agent and title if applicable

Kevin Brinkley

04/29/05

(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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>BRINKLEY, KEVIN T</b> <b>532 SYLVIA DR.</b> <b>DELTONA, FL 32725</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>BRINKLEY, HENRY G III</b> <b>1293 WEST WELLINGTON DR.</b> <b>DELTONA, FL 32725</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

[illegible]

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.

**SIGNATURE:**

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

Date \_\_\_\_\_

Daytime Phone ●