

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057658

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA AUTO FINDERS LLC

Current Principal Place of Business:

433 RICHARD RD
UNIT #1
ROCKLEDGE, FL 32955

New Principal Place of Business:

4165 DOW ROAD
UNIT #6
MELBOURNE, FL 32934

Current Mailing Address:

4265 ORANGE DR
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-1471889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYD, STEVE W
4265 ORANGE DRIVE
MELBOURNE, FL 32904 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: VP () Delete
Name: KALMUS, JOHN
Address: 3430 GALT OCEAN DRIVE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP () Delete
Name: BOYD, STEVE
Address: 4265 ORANGE DRIVE
City-St-Zip: MELBOURNE, FL 32704

Title: VP () Delete
Name: CARROLL, ROGER
Address: 847 HAMILTON AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: KALMUS, JOHN
Address: 43220 ROSALANDS DR
City-St-Zip: HOLLYWOOD, MD 20636

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

Title: VP (X) Change () Addition
Name: CARROLL, ROGER
Address: 1429 VICTORIA BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

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: STEVE W BOYD

VP

03/23/2009

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