

C04000087761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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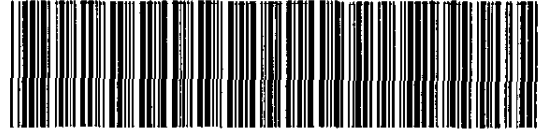
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lithia Group, LLC

(Name of Corporation)

DOCUMENT NUMBER: L04000087761

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ron Decelles

(Name of Contact Person)

Lithia Group, LLC

(Firm/Company)

3345 Lithia Pinecrest Road

(Address)

Valrico, FL 33594

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Ron Decelles

(Name of Contact Person)

at (813) 334-7809

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 12, 2005

RON DECELLES
LITHIA GROUP, LLC
3345 LITHIA PINECREST ROAD
VALRICO, FL 33594

SUBJECT: LITHIA GROUP, LLC
Ref. Number: L04000087761

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LITHIA GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 705A00062218

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: LITMIA GROUP, LLC
2. The mailing address of the limited liability company is: 3345 LITMIA PINECREST RD, VALRICO, FL 33594
3. Date of filing/registration in Florida: 12-06-04
4. Document number: L040000A7761

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

KENT RUNNELLS PA
Name
101 MAIN ST, STE A
Address
SAFETY HARBOR FL 34695
City, State and Zip

6. The name and address of the new registered agent and/or office:

RON DECELLES
Name
3010 RIDGE VALE CR
Florida street address (P.O. Box NOT acceptable)
VALRICO FL 33594
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ron Decelles
(Signature of a member or authorized representative of a member)

RON DECELLES
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ron Decelles
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00