

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019200

Entity Name: AUTOMANSYS, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

1800 NW 69TH AVENUE
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1800 NW 69TH AVENUE
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 20-2871928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, MICHAEL J
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

FONDILER, BRADLEY A
1800 NW 69 AVE
PLANTATION, FL 33313 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: BRADLEY A FONDILER

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: SCHLINKMANN, ALEX DIR
Address: 1800 NW 69 AVENUE
City-St-Zip: PLANTATION, FL 33313

Title: MR () Change (X) Addition
Name: SCHLINKMANN, JAMIE DIR
Address: 1800 NW 69 AVENUE
City-St-Zip: PLANTATION, FL 33313

Title: MR () Change (X) Addition
Name: BROMFIELD, STEPHEN DIR
Address: 1800 NW 69 AVENUE
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEX SCHLINKMANN

DIR

04/29/2006

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