

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019200

Entity Name: AUTOMANSYS, LLC

FILED  
Jul 02, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CORCUERA, JENNY  
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: JENNY CORCUERA

07/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

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: ALEX SCHLINKMANN

MR

07/02/2007

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