

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019200

Entity Name: AUTOMANSYS, LLC

FILED
Mar 25, 2009
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:

CORCUERA, JENNY
1800 NW 69 AVE
PLANTATION, FL 33313 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: 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: SHARON HUMPHRIES

MRS

03/25/2009

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