

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032548

FILED
Mar 30, 2009
Secretary of State

Entity Name: ST. AUGUSTINE AUTO SERVICE LLC

Current Principal Place of Business:

4237 SALISBURY ROAD
STE 100 BLDG 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY ROAD
SUITE 100 BLDG 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2582125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GEORGE E JR
144 FIRST AVENUE SOUTH STE 500
ST. PETERSBURG, FL 33701 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: MGRM () Delete
Name: BACZKOWSKI, VICTOR J JR
Address: 399 CASSANDRA LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: BUTTNER, EDWARD W IV
Address: 4237 SALISBURY ROAD STE 100 BLDG 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: CROPPER, M. S
Address: 4237 SALISBURY ROAD STE 100 BLD 1
City-St-Zip: JACKSONVILLE, FL 32216

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: EDWARD W. BUTTNER IV

MGRM

03/30/2009

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