

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000036220

Entity Name: BM AUTO CAPITAL LLC

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3800 S. OCEAN DR  
SUITE G-4  
HOLLYWOOD, FL 33019

## **Current Mailing Address:**

PO BOX 85010  
HOLLYWOOD, FL 33008

## **New Principal Place of Business:**

1 EAST BROWARD BLVD  
SUITE 902  
FORT LAUDERDALE, FL 33301

## **New Mailing Address:**

1 EAST BROWARD BLVD  
SUITE 902  
FORT LAUDERDALE, FL 33301

FEI Number: 51-0543174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TUCKER, BRUCE  
3800 SOUTH OCEAN DR  
FIRST FLOOR SUITE G-4  
HOLLYWOOD, FL 33019 US

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

TUCKER, BRUCE  
1 EAST BROWARD BLVD  
SUITE 902  
FORT LAUDERDALE, FL 33301 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: BRUCE TUCKER

09/28/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAPIRO, MARK  
Address: 17000 N BAY RD #904  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM  
Name: TUCKER, BRUCE  
Address: ONE EAST BROWARD BLVD, SUITE 902  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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: MARK SHAPIRO

MR.

09/28/2011

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