

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049933

FILED
May 14, 2009
Secretary of State

Entity Name: AUT ALLIANCE, LLC

Current Principal Place of Business:

301 W PLATT STREET
#252
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

301 W PLATT STREET
#252
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-2869841 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:

Name and Address of New Registered Agent:

SCOTT, SCHANEVILLE
301 W PLATT STREET
#252
TAMPA, FL 33606 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHANEVILLE, SCOTT
Address: 301 W PLATT STREET #252
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: SCHANEVILLE, TODD
Address: 301 W PLATT STREET #252
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: SCHANEVILLE, KYLE
Address: 301 W PLATT STREET #252
City-St-Zip: TMPA, FL 33606

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: SCOTT SCHANEVILLE

MGR

05/14/2009

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