## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089623

Entity Name: CERTIFIED AUTOBROKERS, LLC

3145 WEST GULF DR. #301

SANIBEL, FL 33957 US

Address:

City-St-Zip:

FILED Mar 01, 2009 Secretary of State

| Current Principal Place of Business:          |   |                                | New Principal Place of Business:            |  |
|---|---|--------------------------------|---|--|
| 16200 OLI<br>BLDG. A<br>FT MYERS              | O US 41<br>S, FL 33912                    | US                             |   |  |
| Current Mailing Address:                      |   |                                | New Mailing Address:                        |  |
| #503  | ERIDGE VIEW<br>ERS, FL 3390'              |                                |   |  |
|   | : 22-3935820                              | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)      |
| Name and Address of Current Registered Agent: |   |                                | Name and Address of New Registered Agent:   |  |
| 1201 HAY                                      | ATION SERVIC<br>S STREET<br>SSEE, FL 3230 |                                |   |  |
|   | e named entity s<br>e of Florida.         | submits this statement for the | purpose of changing its registere           | ed office or registered agent, or both |
| SIGNATUI                                      | RE:                                       |                                |   |  |
|   | Electron                                  | ic Signature of Registered Ag  | jent  | Date                                   |
| MANAGING MEMBERS/MANAGERS:                    |   |                                | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | COLLIN, SERG                              | GE VIEW CT. #503               | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:                               | MGR ()<br>MULLINNIX, W                    | Delete<br>LLIAM G              | Title:<br>Name:                             | ( ) Change ( ) Addition                |

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: SERGE COLLIN MGR 03/01/2009