

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022964

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: BONNIES AUTOMOTIVE, LLC

## Current Principal Place of Business:

1365 S. LAWRENCE BOULEVARD  
KEYSTONE HEIGHTS, FL 32656 US

## New Principal Place of Business:

7077 STATE ROAD 21  
KEYSTONE HEIGHTS, FL 32656 US

## Current Mailing Address:

1365 S. LAWRENCE BOULEVARD  
KEYSTONE HEIGHTS, FL 32656 US

## New Mailing Address:

7077 STATE ROAD 21  
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 20-5174790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSELL, JOSHUA JR.  
1365 S. LAWRENCE BOULEVARD  
KEYSTONE HEIGHTS, FL 32656 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: MGR ( ) Delete  
Name: RUSSELL, JOSHUA JR.  
Address: 1365 S. LAWRENCE BOULEVARD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: MGRM ( ) Delete  
Name: RUSSELL, BONNIE J  
Address: 1365 S. LAWRENCE BOULEVARD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

## ADDITIONS/CHANGES:

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: JOSHUA RUSSELL JR

MGR

01/25/2008

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