

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90028 010 \*\*\*138.75

**DOCUMENT # L06000030232**

1. Entity Name  
**CENTRAL FLORIDA HONDA DEALERS, LLC**



Principal Place of Business  
**2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312**

**60006070**



01162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-4511745**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHAIN, RONALD D  
2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MCDANIEL, TOM
STREET ADDRESS	11051 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	MGRM
NAME	COGGIN HONDA OF ORLANDO
STREET ADDRESS	11051 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	MGR
NAME	HOLLER, ROGER
STREET ADDRESS	1150 N. ORLANDO AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	HOLLER HONDA
STREET ADDRESS	1150 N. ORLANDO AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	UMBLIANO, JOSEPH
STREET ADDRESS	1550 S. WOODLAND BLVD.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	MGRM
NAME	COGGIN DELAND HONDA
STREET ADDRESS	1550 S. WOODLAND BLVD.
CITY-ST-ZIP	DELAND, FL 32720

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**TOM MCDANIEL**

Date

Daytime Phone #

**1/16/08**

**(554) 962-0611**