

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000088184

1. Entity Name  
NLV DEALER SUPPLY COMPANY, LLC



Principal Place of Business  
14340 B. HARBOUR LANDINGS DRIVE  
FT. MYERS, FL 33908

Mailing Address  
14340 B. HARBOUR LANDINGS DRIVE  
FT. MYERS, FL 33908



03012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5529046

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

VATER, CHARLENE  
14340 B. HARBOUR LANDINGS DRIVE  
FT. MYERS, FL 33908

**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 CHARLENE VATER *Charlene Vater*  
Signature, typed or printed name of registered agent and title if applicable

3/10/08  
DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VATER, CHARLENE  
14340 B. HARBOUR LANDINGS DRIVE  
FT. MYERS, FL 33908

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000866797  
04/08/08-80043-023 138.75

**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: CHARLENE VATER *Charlene Vater* 3/10/08 859-802-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4588