

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120520

FILED  
Aug 28, 2009  
Secretary of State

Entity Name: STOKES AUTOMOTIVE, LLC

## Current Principal Place of Business:

2494A SW 57TH AVE  
WEST PARK, FL 33023 US

## New Principal Place of Business:

## Current Mailing Address:

18495 SOUTH DIXIE HWY  
NO. 254  
MIAMI, FL 33157 US

## New Mailing Address:

2494A SW 57TH AVE  
WEST PARK, FL 33023 US

FEI Number: 20-8067454      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:

MG ENTERPRISES, LLC  
18495 SOUTH DIXIE HWY  
NO. 254  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

MG ENTERPRISES LLC  
18495 S DIXIE HWY  
254  
MIAMI, FL 33157 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: WILLIAM J STOKES

08/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MG ENTERPRISES, LLC  
Address: 18495 SOUTH DIXIE HWY, NO. 254  
City-St-Zip: MIAMI, FL 33157 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STOKES AUTOMOTIVE, LLC.  
Address: 23505 SW 153 AVE  
City-St-Zip: HOMESTEAD, FL 33032 US

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: WILLIAM J. STOKES

MNGR

08/28/2009

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