

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033401

Entity Name: CARS24, LLC

FILED  
Jan 22, 2008  
Secretary of State

## Current Principal Place of Business:

3040 NE 190TH STREET  
APT #307  
AVENTURA, FL 33180 US

## Current Mailing Address:

3040 NE 190TH STREET  
APT #307  
AVENTURA, FL 33180 US

## New Principal Place of Business:

12550 BISCAYNE BLVD  
STE 500  
NORTH MIAMI, FL 33181 US

## New Mailing Address:

12550 BISCAYNE BLVD  
STE 500  
NORTH MIAMI, FL 33181 US

FEI Number: 20-8781572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLIKAITIENE, KRISTINA  
3040 NE 190TH STREET  
APT #307  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

PLIKAITIS, JURGIS  
12550 BISCAYNE BLVD  
STE 500  
NORTH MIAMI, FL 33181 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: JURGIS PLIKAITIS

01/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PLIKAITIENE, KRISTINA  
Address: 3040 NE 190TH STREET, APT#307  
City-St-Zip: AVENTURA, FL 33180 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PLIKAITIS, JURGIS  
Address: 12550 BISCAYNE BLVD, STE 500  
City-St-Zip: NORTH MIAMI, FL 33181 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: JURGIS PLIKAITIS

MGRM

01/22/2008

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