


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90022 001 ***138.75

DOCUMENT # L07000047692 1. Entity Name AUCTION DIRECT USA JACKSONVILLE, LLC			
Principal Place of Business 6520 STATE ROUTE 96 VICTOR, NY 14564		Mailing Address 6520 STATE ROUTE 96 VICTOR, NY 14564	
2. Principal Place of Business - No P.O. Box # 6400 Blanding Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip: 32244 Country: USA		City & State Zip: Country:	
4. FEI Number 20-4633073		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUCTION DIRECT USA DELAWARE, INC. 6520 STATE ROUTE 96 VICTOR, NY 14564 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Inners, CEO Auction Direct USA Delaware, INC. 6520 State R+ 96 Victor, NY 14564 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		7/28/08 585-742-8000 <small>Date Daytime Phone #</small>	