

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000057705

FILED
Oct 08, 2009
Secretary of State

Entity Name: INTERCOASTAL AUTO SERVICE, LLC

Current Principal Place of Business:

1190 S. WICKHAM ROAD
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

1190 S. WICKHAM ROAD
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 26-3034277 **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:

Name and Address of New Registered Agent:

GLENN, JOHN P
1190 S. WICKHAM ROAD
WEST MELBOURNE, FL 32904 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: JOHN P. GLENN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLENN, JOHN P
Address: 1349 SUNWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGRM () Delete
Name: GLENN, KELLI L
Address: 1349 SUNWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLENN, JOHN P
Address: 1382 BRENTWOOD LANE
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM (X) Change () Addition
Name: GLENN, KELLI L
Address: 3182 BRENTWOOD LN
City-St-Zip: MELBOURNE, FL 32934 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: JOHN P. GLENN

RA

10/08/2009

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