

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000064195

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: AUTO WHOLESALERS OF SW FLORIDA LLC

**Current Principal Place of Business:**

6161 9TH ST N #106  
ST. PETE, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 9473  
ST. PETE, FL 33740

**New Mailing Address:**

FEI Number: 06-1819395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVELADY, MERRILYN  
3051 ABBEY CT  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, KEN  
Address: 6161 9TH ST N #106  
City-St-Zip: ST. PETE, FL 33703

Title: MGRM ( ) Delete  
Name: LOVELADY, MERRILYN  
Address: 6161 9TH ST N #106  
City-St-Zip: ST. PETE, FL 33703

Title: MGR ( ) Delete  
Name: JOHNSON, LEONARD  
Address: 6161 9TH ST N #106  
City-St-Zip: ST PETE, FL 33703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: FOSTER, WILLIAM A  
Address: 6161 9TH ST N #106  
City-St-Zip: ST PETE, FL 33703

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: MERRILYN LOVELADY

MGRM

01/17/2008

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