

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091614

Entity Name: S & K AUTOMOTIVE LLC

FILED
Aug 10, 2009
Secretary of State

Current Principal Place of Business:

3212 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

3212 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32506

New Mailing Address:

4612 W. JACKSON ST
PENSACOLA, FL 32506 US

FEI Number: 26-0687054 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: GIBSON, KATHLEEN A
Address: 3212 WEST FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: GIBSON, KATHLEEN A
Address: 3212 WEST FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

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

Title: S (X) Change () Addition
Name: GIBSON, KATHLEEN A PT OWNE
Address: 3212 WEST FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32506

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: KATHLEEN A. GIBSON

MGR

08/10/2009

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