
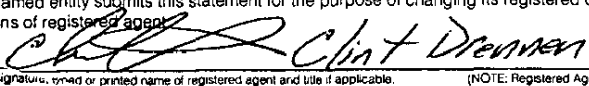



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90054 003 ***538.75

DOCUMENT # L07000108609 1. Entity Name DEALER SELECT SERVICES LLC																											
Principal Place of Business 1438 BALBOA AVE PANAMA CITY, FL 32401		Mailing Address 1438 BALBOA AVE PANAMA CITY, FL 32401																									
2. Principal Place of Business - No P.O. Box # 1438-B BALBOA AVE Suite, Apt. #, etc.		3. Mailing Address 1438-B BALBOA AVE Suite, Apt. #, etc.																									
City & State PANAMA CITY FL Zip 32401		City & State PANAMA CITY FL Zip 32401																									
4. FEI Number 83-0492137		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 DRENNEN, CLINTON L 1438 BALBOA AVE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Drennen, Clinton L Street Address (P.O. Box Number is Not Acceptable) 1438-B BALBOA AVE City PANAMA CITY, FL Zip Code 32401																									
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  Clint Drennen DATE 7-9-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DRENNEN, CLINTON L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1438 BALBOA AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	DRENNEN, CLINTON L		STREET ADDRESS	1438 BALBOA AVE		CITY- ST- ZIP	PANAMA CITY, FL 32401		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">1438-B BALBOA AVE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1438-B BALBOA AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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:  Clint Drennen DATE 7-9-08 DAYTIME PHONE # 850-815-0818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											

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07092008 Chg-LLC CR2E083 (12/06)