

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114476

Entity Name: DMC AUTO SALES, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

540 NORTH STATE ROAD 434
UNIT 17
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

540 NORTH STATE ROAD 434
UNIT 17
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 26-1412725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: D () Delete
Name: CRAGO, DAVID LEROY
Address: 540 NORTH STATE ROAD 434 UNIT 17
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CRAGO, MARY
Address: 540 NORTH STATE ROAD 434 UNIT 17
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: CRAGO, DAVID LEROY
Address: 540 NORTH STATE ROAD 434 UNIT 17
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGMR (X) Change () Addition
Name: CRAGO, MARY
Address: 540 NORTH STATE ROAD 434 UNIT 17
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DAVID LEROY CRAGO

MGMR

04/06/2009

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