

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122302

**FILED**  
**Jul 09, 2008**  
**Secretary of State**

**Entity Name:** DIRECT AUTO SOURCE OF FLORIDA, LLC

**Current Principal Place of Business:**

1030 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1030 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

**New Mailing Address:**

3949 S. DIVISION  
GRAND RAPIDS, MI 49548

**FEI Number:** 26-1482682      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
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:**

HYATT, STEVEN W ESQ.  
750 S.E. 3RD AVENUE, SUITE 200  
FORT LAUDERDALE, FL 33316      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:** DELAMAR, EDUARD R  
**Address:** 1030 SOUTH FEDERAL HIGHWAY  
**City-St-Zip:** POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

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

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: RENE E. J. MILES

MGR

07/09/2008

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