

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90204 047 ***138.75

DOCUMENT # L07000123374

1. Entity Name
PALADIN AUTO GROUP, LLC



Principal Place of Business
**5327 COMMERCIAL WAY, SUITE D-122
SPRING HILL, FL 34606**

Mailing Address
**5327 COMMERCIAL WAY, SUITE D-122
SPRING HILL, FL 34606**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1563553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BORNHOFF, PHILIP JR
5327 COMMERCIAL WAY, SUITE D-122
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name **BORNHOFF, PHILIP JR. Fix NAME**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BORNHOFF, PHILIP JR**
STREET ADDRESS **5327 COMMERCIAL WAY, SUITE D-122**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **MGRM** ☐ Delete
NAME **HOLLIDAY, JAMES W II**
STREET ADDRESS **5412 BREATHLESS LANE**
CITY-ST-ZIP **LUTZ, FL 33558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **PHILIP BORNHOFF JR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANAGING MEMBER

3/5/08

Date

(352) 597-0009

Daytime Phone #