

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000006809

**FILED**  
**Dec 17, 2009**  
**Secretary of State**

**Entity Name:** JIM'S PREOWNED AUTO'S LLC

**Current Principal Place of Business:**

1536 BULLBUSH WAY  
OVIEDO, FL 32765

**New Principal Place of Business:**

1225 BENNETT DRIVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

1536 BULLBUSH WAY  
OVIEDO, FL 32765

**New Mailing Address:**

1225 BENNETT DRIVE  
SUITE 107  
LONGWOOD, FL 32750

**FEI Number:** 26-1778480      **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:**

PALMIERI, JAMES  
1536 BULLBUSH WAY  
OVIEDO, FL 32765    US

**Name and Address of New Registered Agent:**

PALMIERI, JAMES  
1225 BENNETT DRIVE  
SUITE 107  
LONGWOOD, FL 32750    US

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: JAMES PALMIERI

12/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PALMIERI, JAMES  
Address: 1536 BULLBUSH WAY  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PALMIERI, JAMES  
Address: 1225 BENNETT DRIVE  
City-St-Zip: LONGWOOD, FL 32750

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: JAMES PALMIERI

MR

12/17/2009

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