

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010971

Entity Name: PHOENIX CAR SALES LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

429 BRADY WAY
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

2701 D LISENBY AVE
PANAMA CITY, FL 32405 US

Current Mailing Address:

429 BRADY WAY
PANAMA CITY BEACH, FL 32408

New Mailing Address:

PO BOX 20125
PANAMA CITY BEACH, FL 32417

FEI Number: 26-1888274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EGEL, AAVO
429 BRADY WAY
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

BRIAN, FLATT
4600 DELWOOD PK BLVD
PANAMA CITY BEACH, FL 32408 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: BRIAN FLATT

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EGEL, AAVO
Address: 429 BRADY WAY
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM (X) Delete
Name: FLATT, BRIAN ALLEN
Address: 4600 DELWOOD PK BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLATT, BRIAN
Address: 4600 DELWOOD PK BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: BRIAN FLATT

PRES

02/23/2009

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