

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030404

Entity Name: FUSION AUTO SALES LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

3222 STONEHURST CIRCLE
KISSIMMEE, FL 34741

New Principal Place of Business:

9327 SOUTH ORANGE AVE
ORLANDO, FL 32824

Current Mailing Address:

FUSION AUTO SALES LLC
3222 STONEHURST CIRCLE
KISSIMMEE, FL 34741

New Mailing Address:

9327 SOUTH ORANGE AVE
ORLANDO, FL 32824

FEI Number: 26-2330809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, JOHN J
3222 STONEHURST CIRCLE
3222 STONEHURST CIRCLE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

NUNEZ, JOHN J
943 WINDROSE DRIVE
ORLANDO, FL 32824 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: JOHN NUNEZ

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NUNEZ, JOHN J
Address: 3222 STONEHURST CIR
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: LEZAMA, HECTOR
Address: 3222 STONEHURST CIR
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NUNEZ, JOHN J
Address: 943 WINDROSE DRIVE
City-St-Zip: ORLANDO, FL 32824

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: JOHN NUNEZ

MG

03/17/2009

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