

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040659

Entity Name: GT MOTORS OF MIAMI, LLC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

11076 NW 84TH STREET
DORAL, FL 33178

New Principal Place of Business:

2051 NW 112TH AVE
120
MIAMI, FL 33172

Current Mailing Address:

7537 NW 7TH AVE
MIAMI, FL 33150

New Mailing Address:

4364 NW 113TH CT
MIAMI, FL 33178

FEI Number: 26-2473605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARONOWICZ, MARCELO J
11076 NW 84TH STREET
DORAL, FL 33178 US

Name and Address of New Registered Agent:

ARONOWICZ, MARCELO J
4364 NW 113TH CT
DORAL, FL 33178 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:

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARONOWICZ, MARCELO J
Address: 11076 NW 84TH STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: ARONOWICZ, ARIEL J
Address: 11076 NW 84TH STREET
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARONOWICZ, MARCELO J
Address: 4364 NW 113TH CT
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: ARONOWICZ, ARIEL J
Address: 4364 NW 113TH CT
City-St-Zip: DORAL, FL 33178

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: ARIEL ARONOWICZ

MGRM

04/07/2009

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