

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063815

Entity Name: AUTO DEALERS WHOLESALE LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

6451 OX BOW CT
TALLAHASSEE, FL 32312

New Principal Place of Business:

5040 WEST THARPE ST.
104
TALLAHASSEE, FL 32303

Current Mailing Address:

6451 OX BOW CT
TALLAHASSEE, FL 32312

New Mailing Address:

5040 WEST THARPE ST
#104
TALLAHASSEE, FL 32303

FEI Number: 20-1061348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EUDULOFF, MICHAEL
6451 OX BOW CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

FUDULOFF, MICHAEL
6451 OX BOW CT
TALLAHASSEE, FL 32312 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: MIKE FUDULOFF

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FUDLOFF, MICHAEL
Address: 6451 OX BOW CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: TADDEO, STEVE
Address: 139 COILLION CIRCLE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FUDULOFF, MICHAEL
Address: 6451 OX BOW CT
City-St-Zip: TALLAHASSEE, FL 32312

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: STEVE TADDEO

MGRM

03/22/2009

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