

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076603

FILED
Feb 25, 2009
Secretary of State

Entity Name: BLACK DIAMOND AUTO/WHOLESALE, LLC

Current Principal Place of Business:

1526 DOOLITTLE AVE
TALLAHASSEE, FL 32310

New Principal Place of Business:

8022 WAVERLY STREET
YOUNGSTOWN, FL 32466

Current Mailing Address:

P O BOX 7563
TALLAHASSEE, FL 32314

New Mailing Address:

8022 WAVERLY STREET
YOUNGSTOWN, FL 32466

FEI Number: 26-3156894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDSON, JAMES E
1526 DOOLITTLE AVE
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

STICKNEY, DAVID M
8022 WAVERLY STREET
YOUNGSTOWN, FL 32466 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: DAVID M STICKNEY

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STICKNEY, DAVID M
Address: P O BOX 7563
City-St-Zip: TALLAHASSEE, FL 32314

Title: MGR (X) Delete
Name: RICHARDSON, JAMES E
Address: P O BOX 7563
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STICKNEY, DAVID M
Address: 8022 WAVERLY STREET
City-St-Zip: YOUNGSTOWN, FL 32466

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: DAVID M STICKNEY

GM

02/25/2009

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