

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000097690

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

**Entity Name:** CRAIG ZINN AUTOMOTIVE GROUP DEALER SERVICES, LLC

**Current Principal Place of Business:**

1850 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1850 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 36-4661222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOCKERS, ALAN N ESQ.  
1850 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZINN, CRAIG M  
Address: 1850 NORTH STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: STAMPONE, ANTHONY D  
Address: 1850 N STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: GM  
Name: NASTO, PATRICK  
Address: 1850 N. STATE RD. 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S  
Name: PARKE, PATRICIA A  
Address: 1850 N. STATE RD. 7  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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: CRAIG M. ZINN

MGRM

06/28/2010

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