

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018066

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** AUTO DEALER SUPPLIES OF NORTH CAROLINA, LLC

**Current Principal Place of Business:**

1125 14TH AVENUE NORTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

7505 WYCOFF-LOWMAN ROAD  
CONNELLY SPRINGS, NC 28612

**New Mailing Address:**

**FEI Number:** 27-1841389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOX, PATRICIA L  
1125 14TH AVENUE NORTH  
ST. PETERSBURG, FL 33705 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:** MGR  
**Name:** LOWMAN, BRENDA  
**Address:** 7505 WYCOFF-LOWMAN ROAD  
**City-St-Zip:** CONNELLY SPRINGS, NC 28612

**Title:** MGR  
**Name:** FOX, PATRICIA L  
**Address:** 1125 14TH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33705

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:** PATRICIA L FOX

MANA

02/07/2012

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