

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105127

Entity Name: BRANDON HONDA, LLC

FILED
Feb 07, 2011
Secretary of State

Current Principal Place of Business:

9209 E. ADAMO DR.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204

New Mailing Address:

701 RIVERSIDE PARK PLACE
SUITE 200
JACKSONVILLE, FL 32204

FEI Number: 27-3646549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIKER, PAMELA L
701 RIVERSIDE PARK PLACE
STE 310
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

ACKMAN, JOANNE A
701 RIVERSIDE PARK PLACE
STE 200
JACKSONVILLE, FL 32204 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: JOANNE A ACKMAN

02/07/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PCOO
Name: ROTHFELDT, GREGORY A
Address: 9209 E. ADAMO DR.
City-St-Zip: TAMPA, FL 33619

Title: VP
Name: GRAHAM, ALEXANDER M
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: GRAHAM, HAMPTON H
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: HODGES, DAVID C JR
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPST
Name: CURRY, JEFFERY S
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

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: JEFFERY S CURRY

VPST

02/07/2011

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