

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059537

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** AUTOMASTERS OF SW FLORIDA, LLC

**Current Principal Place of Business:**

13990 LAKE MAHOGANY BLVD, UNIT 2214  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

13990 LAKE MAHOGANY BLVD, UNIT 2214  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 45-2495248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUSAN HOLLY CPA PA  
13725 COLLINA COURT  
ESTERO, FL 33928 US

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

SUSAN HOLLY CPA PA  
8801 MAPLE GLEN CIR  
FORT MYERS, FL 33912 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: SUSAN HOLLY

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COHEN, DEAN  
Address: 13990 LAKE MAHOGANY BLVD, UNIT 2214  
City-St-Zip: FORT MYER, FL 33907

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: DEAN COHEN

MGRM

04/25/2012

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