

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115238

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** AUTOMOTIVE CONSULTANTS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

4016 WEST CREST AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4016 WEST CREST AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

SEEKFORD, GEORGE A JR  
4016 W CREST AVE  
TAMPA, FL 33614 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: GEORGE SEEKFORD

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SEEKFORD, GEORGE A JR.  
Address: 4016 WEST CREST AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: ST  
Name: SEEKFORD, GEORGE A JR.  
Address: 4016 WEST CREST AVENUE  
City-St-Zip: TAMPA, FL 33614

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: GEORGE SEEKFORD

MGR

05/01/2012

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