2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996 If Dissolved, Minimum Amount Due To Reinstate: $738.75

APPROVED AND FILED

1996 SEP 20 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001969105
-10/09/96--01049--001
*****738.75 *****738.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 263.75 | Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L93000000191

ATLANTIC RENT A CAR, L.C.
2125 S. FEDERAL HWY.
FORT LAUDERDALE FL 33316

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
2125 S. FEDERAL HWY.
FORT LAUDERDALE FL 33316

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
06/10/1993	FL

4. FEI Number: 65-0428269 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 05/31/1995

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

SONNE, WALTER
4015 NORTHEAST 34TH AVENUE
FORT LAUDERDALE FL 33316

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Walter Sonne Pres. Walter Sonne WALTER SONNE DATE 9/16/96
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
P	SONNE, WALTER	2125 S. FEDERAL HWY.	FORT LAUDERDALE FL
ST	AUDREY S. LOCKARD,	2125 S. FEDERAL HWY.	FORT LAUDERDALE FL

954-467-6059

REINSTATEMENT GE FOR 10/14/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Audrey S. Lockard 9996 954-764-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

Audrey S. Lockard

INHSE10 R(5-96)