

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAY 19 PM 2:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000001169 GULF STREAM AUTO CENTER, L.C. 4870 GOLDEN GATE PARKWAY NAPLES FL 34116		1a. Principal Place of Business Address 4870 GOLDEN GATE PARKWAY NAPLES FL 34116	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <u>4870 Golden Gate Parkway</u> Suite, Apt. #, etc.		2a. Mailing Address <u>4870 Golden Gate Parkway</u> Suite, Apt. #, etc.	
City & State <u>Naples, FL</u>		City & State <u>Naples FL 34116</u>	
Zip <u>34116</u>		Zip <u>34116</u>	
Country <u>U.S.</u>		Country <u>U.S.</u>	
3. Date Organized or Qualified <u>1/06/1996</u>		3a. State of Formation <u>FL</u>	
4. FEI Number <u>59-3409645</u>		☒ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☒ <u>Succession of Loss Required</u>	
7. Name and Address of Current Registered Agent CLAY, WINFIELD 849 7TH AVENUE SUITE 200 NAPLES FL 34103		8. Name and Address of New Registered Agent Name <u>Jeffrey Swiatek</u> Street Address (P.O. Box Number is Not Acceptable) <u>2764 Fountain View Circle</u> Suite, Apt. #, etc. <u>#207</u> City <u>Naples</u> Zip Code <u>FL 34109</u>	
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 <u>Clay Winfield</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE <u>4/27/97</u>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WINFIELD, CLAY	849 7TH AVENUE SOUTH, STE	NAPLES FL
MGRM	WINFIELD, JOHN	849 7TH AVENUE SOUTH, STE	NAPLES FL
MGRM	SWIATEK, JEFF	4870 GOLDEN GATE PARKWAY	NAPLES FL
			200002186582--7 -05/21/97--01058--017 ****212.50 ****212.50 <u>Jeff Swiatek</u> <u>5/20/97</u>
11. I do hereby certify that the information supplied with this filing 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: <u>Jeff Swiatek</u> DATE <u>4/27/97</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			