

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90279 016 ****50.00

DOCUMENT # L98000001400



1. Entity Name
PHIL SMITH AUTO GROUP L.C.

Principal Place of Business
**1000 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062**

Mailing Address
**1000 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062**

44041033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-0855954

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY ESQ.
SHUTTS & BOWEN LLP
300 S ORANGE AVENUE, SUITE 1000
ORLANDO, FL 32801-4956**

Name
Corporation Company of Orlando

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

300 S. Orange Ave., Suite 1000 (JGH)

City
Orlando

FL

Zip Code
32801

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *J. Gregory Humphries*
Signature, typed or printed name of registered agent and title if applicable.

J. Gregory Humphries, Vice President

3-31-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME **SMITH, PHILIP P**
STREET ADDRESS **1000 NORTH FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **MGRM** ☐ Delete
NAME **DAYHOFF, MICHAEL R**
STREET ADDRESS **1000 N FEDERAL HWY**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM P S CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM VP AS T CFO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael R. Dayhoff

Michael R. DAYHOFF

3/16/04

954-867-1234