

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED  
Mar 09, 2010  
Secretary of State

Entity Name: PPS AUTO HOLDINGS, LLC

**Current Principal Place of Business:**

4250 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

4250 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064 US

**New Mailing Address:**

FEI Number: 65-0964968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF ORLANDO  
300 S ORANGE AVENUE, SUITE 1000 (JGH)  
ORLANDO, FL 328014956 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PPS EQUITIES, INC  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: P  
Name: SMITH, PHILIP P  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: CFOV  
Name: DAYHOFF, MICHAEL R  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM  
Name: MRD EQUITIES, INC  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM  
Name: PPS PARTNERS  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: ST  
Name: DAYHOFF, MICHAEL R  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: MICHAEL R. DAYHOFF

CFOV

03/09/2010

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