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2001	1 UNIFORM BUS	INESS REPO	ORT (U	BR)					
DOCU 1. Entity Nam	MENT # L9900	0008398							
•	MOTORS HOLDING, L.L.C.				FILED				
					01 JAN 16 AM 2: 26				
Principal Plac	ce of Business	Mailing Address	ng Address						
2995 HIGHWA ST. AUGUSTIN	IY U.S. 1 SOUTH NE FL 32086	2995 HIGHWAY U.S. 1 S ST. AUGUSTINE FL 3208	2995 HIGHWAY U.S. 1 SOUTH		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
UI. NUUVV	IL 11 Octov	on nodoonia (2 sass	~					18181 ( <b>8</b> 11 1 <b>88</b> )	
2. Principal F	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State	<u> </u>		4. FEI Number 59-	7618952		oplied For	
			· · · · · · · · · · · · · · · · · · ·		APPLI	ED FOR	No	ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$5.00 Additional		
	6. Name and Address of Current	Registered Agent	Nar	7. Name and Address of New Registered Agent Name					
BROOKS,	WILLIAM L		Stre	Street Address (P.O. Box Number is Not Acceptable)					
	HWAY U.S. 1 SOUTH					•		•	
SI. AUGU	JSTINE FL 32086		City		<u> </u>	FL	Zip Code	e	
8. The above	e named entity submits this statement fo	r the purpose of changing it	ts registered office	ce or registere	ed agent, or both, in the Stat	<del> </del>	<u> </u>		
	,	. , , , , , , , , , , , , , , , , , , ,	•					€.	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent :	signature required	when reinstating)	DATE			
FILE NOW!!!				-					
र्हें 		Make Check Pa	ayable to Dep	partment of	State				
9. TITLE	MANAGING MEMBE	ERS/MEMBERS	10. TITLE		ADDI	TIONS/CHANGES	☐ Change	☐ Addition	
NAME	MGRM   BROOKS, WILLIAM L	□ Delete	NAME		ير رسني رسم رسي رسي		- ·		
STREET ADDRESS CITY-ST-ZIP	2995 HIGHWAY U.S. 1 SOUTH ST. AUGUSTINE FL 32086		STREET ADOR	l l	-01 -01	73563	0970	•••••	
TITLE	- CONTROL I L GRADO	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	****50.00	一个情况	Addition	
NAME STREET ADDRESS			NAME STREET ADDR	i i					
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP				Change	Addition	
-TITLE Name		LJ Uelete.	TITLE				Criange	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	l l	<b>l</b> ~				
TITLE		☐ Delete	TITLE			<u></u>	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDR	BESS	•				
CITY-ST-ZIP		Clau.	CITY-ST-ZIP				Chongs	Addition	
TITLE . NAME		☐ Delete	NAME		, -		Change	☐ Addition	
STREET ADDRESS CITY-S ZIP			STREET ADDR CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME *** STREET ADDRESS			NAME Street Addr	ESS				*	
CITY-ST-ZIP			CITY-ST-ZIP						
<ol> <li>I hereby of indicated</li> </ol>	certify that the information supplied with on this report is true and acpurate and	this filing does not qualify for that my signature shall have	or the exemption the same legal	n stated in Sec effect as if ma	ction 119.07(3)(i), Florida Sta ade under oath; that I am a	itutes. I further certi managing member	ly that the in or manage	ntormation r 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

1-10-01 904-791-8806
Date Daysime Phone #