|  |  | 0009085                                |  |   |                   |                          |                                       |   |   |
|--|--|--|--|---|-------------------|--------------------------|---------------------------------------|---|---|
| 1. Entity Nan<br>ARLINGT   | "ON AUTO MART, L.L.C.  |  |  |   |                   | F                        |                                       | D   |   |
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| -rincipal Plac<br>8625-7 ALTON   | ce of Business<br>N AVENUE   | Mailing Address<br>8625-7 ALTON AVENUE |  | 1   |                   | SEGRETA                  | RY OF                                 | STATE                                       |   |
| SUITE 7  | LE FL 32211  | SUITE 7<br>JACKSONVILLE FL 32211       |  |   |                   | SECRETA<br>TALLAHA       | SSEE.F                                | ĽORIDA                                      |   |
|  |  |  |  |   |                   |                          |                                       |   |   |
| . Principal F  | Place of Business  | 3. Mailing Address                     |  |   | 11                | 111011 DIG 10110 10111 D | ULI UNIT NULLI                        | INIIE NAIEN ANIII NN                        | 1 <b>6</b> 1   <b>6</b> 101   <b>6</b> 71   <b>68</b> 1 |
| Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.                    |  | . 1   |                   | DO NOT                   | WRITE IN T                            | HIS SPACE                                   |   |
| _City & Stat   | te   | City & State                           |  | ****  | 4. FEI Nur        | nber. 59-3609            | 603                                   |   | Applied For   |
| Zip  | Country  | Zip                                    | Country  |   | E Cortifio        | ate of Status Desi       |                                       | \$5.00                                      | Not Applicable  |
|  | 6. Name and Address of Current I   | Registered Agent                       |  |   |                   | nd Address of N          |                                       | Fee Requ                                    |   |
|  |  | riogiatoriou rigiont                   | N  | ame   |                   |                          | in nogiste                            |   |   |
| FULMER,  |  |  | St   | ireet Address (F  | O. Box Nur        | ber is Not Accep         | table)                                |   | •   |
| 8625-7 AL<br>SUITE 7   | LTON AVENUE  |  |  |   |                   |                          |                                       |   |   |
|  | WILLE FL 32211   |  | Ci   | ity.  |                   |                          | •                                     | FL Zip C                                    | ode   |
| The above  | e named entity submits this statement for  | the purpose of changing its            | registered of  | flice or registere  | d agent, or       | ooth in the State        |                                       |   |   |
|  | sharrod only booting the datement for  | the perpect of endinging its           | iogiotoroa o:  | ingo or rogiotoro   | a agoin, oi       |                          |                                       |   |   |
|  |  |  |  | l.  |                   |                          |                                       |   |   |
| IGNATURE   | Signature, typed or printed name of registered agent a   | nd title if applicable. (NOTI          | : Registered Ager  | I<br>Int signature required v   | when reinstating) |                          | וס                                    | NE.   |   |
| IGNATURE   | Signature, typed or printed name of registered agent a   |  | ·  |   |                   | 20000                    |                                       |   |   |
|  |  | FILE N<br>Make Check Pa                | OW!!! FEE<br>yable to De   | E IS \$50.00  |                   | **                       | )360<br>/08/01<br>***50.J             | 3235<br>01112-<br>00 ****                   | 70<br>001<br>#50.00                                     |
| ) <u>.</u>   | MANAGING MEMBE   | FILE No<br>Make Check Pa<br>RS/MEMBERS | OW!!! FEE<br>yable to De   | E IS \$50.00  |                   | -02<br>**                | )366<br>/08/01                        | 235<br>01112-<br>00 *****<br>GES            | 001<br>⊯S0.00   |
| TLE<br>Ame<br>Irreet adoress   | MANAGING MEMBE<br>B<br>PAIR, CARL<br>4625 HARTMAN RD.  | FILE N<br>Make Check Pa                | DW !!! FEE<br>yable to De<br>10.<br>TITLE<br>NAME<br>STREET AD   | E IS \$50.00<br>epartment of  |                   | -02<br>**                | )360<br>/08/01<br>***50.J             | 235<br>01112-<br>00 *****<br>GES            | 001   |
|  | MANAGING MEMBE<br>B<br>PAIR, CARL<br>4625 HARTMAN RD.<br>JACKSONVILLE FL 32225   | FILE No<br>Make Check Pa<br>RS/MEMBERS | DW !!! FEE<br>yable to De<br>10.<br>Title<br>NAME  | E IS \$50.00<br>epartment of  |                   | -02<br>**                | )360<br>/08/01<br>***50.J             | 235<br>01112-<br>00 *****<br>GES            |   |
| TLE<br>AME<br>IREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME   | MANAGING MEMBE<br>PAIR, CARL<br>4625 HARTMAN RD.<br>JACKSONVILLE FL 32225<br>SEC<br>FULMER, PAT  | FILE No<br>Make Check Pa<br>RS/MEMBERS | DW III FEE<br>yable to Da<br>10.<br>TITLE<br>NAME<br>STREET ADI<br>CITY-ST-Z<br>TITLE<br>NAME  | E IS \$50.00<br>epartment of  |                   | -02<br>**                | )360<br>/08/01<br>***50.J             | >235<br>01112-<br>0 *****<br>GES<br>□ Chang |   |
| -<br>TLE<br>AME<br>TREET ADORESS<br>TYY-ST-ZIP   | MANAGING MEMBE<br>B.<br>PAIR, CARL<br>4625 HARTMAN RD.<br>JACKSONVILLE FL 32225<br>SEC   | FILE No<br>Make Check Pa<br>RS/MEMBERS | DW III FEE<br>yable to Da<br>10.<br>TITLE<br>NAME<br>STREET ADI<br>CITY-ST-Z<br>TITLE  | E IS \$50.00<br>epartment of<br>DRESS<br>IP   |                   | -02<br>**                | )360<br>/08/01<br>***50.J             | >235<br>01112-<br>0 *****<br>GES<br>□ Chang |   |
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