

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 025 ***138.75

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1. Entity Name

ARLINGTON AUTO MART, L.L.C.



Principal Place of Business

8625-7 ALTON AVENUE
SUITE 7
JACKSONVILLE FL 32211

Mailing Address

8625-7 ALTON AVENUE
SUITE 7
JACKSONVILLE FL 32211

2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3609693

Applied For
Not Applicable

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

1st MOORE CR2E083 (10/07)



6. Name and Address of Current Registered Agent

FULMER, JOHN D
8625-7 ALTON AVENUE
SUITE 7
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when installing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE PRES
NAME FULMER, JOHN D MR.
STREET ADDRESS 4829 WALNUT GROVE COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE VP
NAME FULMER, PAT MRS.
STREET ADDRESS 4829 WALNUT GROVE COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE *SEC TREAS*
NAME *BILL BARNES*
STREET ADDRESS *8625-7 ALTON AVE*
CITY-ST-ZIP *JACKSONVILLE FL 32211*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John D. Fulmer John D. Fulmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #