

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90050 018 \*\*\*\*50.00

**DOCUMENT # M02000002013**

1. Entity Name

**SATURN SOUTHWEST FLORIDA, LLC**



Principal Place of Business

**3120 WASHTENAW AVE.  
ANN ARBOR MI 48104**

Mailing Address

**3120 WASHTENAW AVE.  
ANN ARBOR MI 48104**

**20025633**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-4204780**

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

**GOODMAN-GRAFF, LAURA LYNN  
723 SABUR  
CAPE CORAL FL 33904**

Name

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

**4700 SW 5TH AVENUE**

City

**CAPE CORAL**

**FL**

Zip Code

**33914**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **R.H.G. MOTORS, INC.**  
STREET ADDRESS **3120 WASHTENAW AVE.**  
CITY-ST-ZIP **ANN ARBOR MI 48104**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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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.

**R.H.G. MOTORS, INC., by ROBERT H. GOODMAN, PRESIDENT**

SIGNATURE:

**SIGNATURE REQUIRED**

**02/05/2003**

**(734) 971-8100**

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

Date

Daytime Phone #

CR2E083 (10/02)