

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001619

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: AUTACO DEVELOPMENT, LLC

**Current Principal Place of Business:**

3099 WASHINGTON ROAD  
EAST POINT, GA 30344 US

**New Principal Place of Business:**

**Current Mailing Address:**

3099 WASHINGTON ROAD  
EAST POINT, GA 30344

**New Mailing Address:**

FEI Number: 14-1879838      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORRIGAN & JANES  
1015 N. 12TH AVENUE  
PENSACOLA, FL 32503 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: MMGR ( ) Delete  
Name: COOPER, AUDRA B  
Address: 3099 WASHINGTON RD  
City-St-Zip: ATLANTA, GA 30344

Title: MGR ( ) Delete  
Name: COOPER, COY L JR  
Address: 3099 WASHINGTON RD  
City-St-Zip: ATLANTA, GA 30344

Title: MGR ( ) Delete  
Name: BROWN, TARLEE W  
Address: 3099 WASHINGTON RD  
City-St-Zip: ATLANTA, GA 30344

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AUDRA COOPER

MMGR

04/16/2009

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