

**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 038 ***138.75

DOCUMENT # MQ5000003172

1. Entity Name

DEALERPRO SALES SOLUTIONS LLC



Principal Place of Business

9225 BAY PLAZA BLVD., SUITE 417
TAMPA FL 33619

Mailing Address

9225 BAY PLAZA BLVD., SUITE 417
TAMPA FL 33619

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

4523 RIVER CLOSE BLVD

3. Mailing Address

4523 RIVER CLOSE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO FL

Zip

33596

Country

U.S.A.

Zip

33596

Country

U.S.A.

4. FEI Number

26-0056388

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

REES, MICHAEL
9225 BAY PLAZA BLVD., SUITE 417
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

REES, MICHAEL

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

4523 RIVER CLOSE BLVD.,

City

VALRICO

FL

Zip Code

33596

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

MICHAEL REES CEO

(NOTE: Registered Agent signature required when renewing)

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 MGRM ☐ Delete
NAME REES, MICHAEL
STREET ADDRESS 9225 BAY PLAZA BLVD., SUITE 417
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4523 RIVER CLOSE BLVD,
CITY-ST-ZIP VALRICO FL 33596

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

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

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

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 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:

[Signature]

MICHAEL REES CEO

813-951-6586

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

Date

Daytime Phone #