

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005179

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** LEMONS CARMAX FLORIDA, LLC

**Current Principal Place of Business:**

5871 METGE AVENUE N.W.  
ALBANY, OR 973219355

**New Principal Place of Business:**

**Current Mailing Address:**

5871 METGE AVENUE N.W.  
ALBANY, OR 973219355

**New Mailing Address:**

**FEI Number:** 93-0780079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM  
Name: LEMONS, VIRA J  
Address: 5871 METGE AVENUE N.W.  
City-St-Zip: ALBANY, OR 973219355

Title: MGRM  
Name: LEMONS, DANIEL  
Address: 31 SOUTH DRIVE  
City-St-Zip: HASTINGS ON HUDSON, NY 10706

Title: MGRM  
Name: LEMONS, DAVID  
Address: 1131 SHARON LOOP SE  
City-St-Zip: SALEM, OR 97306

Title: MGRM  
Name: BARDELL, LINDA D  
Address: 1708 NW SPRINGHILL DRIVE  
City-St-Zip: ALBANY, OR 97321

I hereby 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: VIRA J LEMONS

MGRM

03/09/2010

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