

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003269

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** AUTO ASSOCIATES GULF BREEZE, LLC

**Current Principal Place of Business:**

3737 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15899  
FORT WAYNE, IN 46885

**New Mailing Address:**

P.O. BOX 15899  
FORT WAYNE, IN 46885 US

**FEI Number:** 26-2335456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 32301 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: GREENFIELD, JAY MR.  
Address: P.O. BOX 15899  
City-St-Zip: FORT WAYNE, IN 46885 US

Title: MGRM  
Name: HUSS, JASON A MR.  
Address: P.O. BOX 15899  
City-St-Zip: FORT WAYNE, IN 46885 US

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: JASON A. HUSS

MGRM

01/06/2010

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