200	UNIFORM BUS	INE22 KEL	J (UDII)				
DOCUMENT # M9600000123  1. Entity Name				**	FILED	STATE	
APPEL	LATION IMPORTS LLC	•	÷	SECRETARY OF STATE DIVISION OF CORPORATIONS			
_	7 (* **)				JI MAR -7 PM	2:16	
Principal Plac	e of Business	Mailing Address		(	N WW - 1		
12011	GUILFORD RD STE 109						
ANNAPO	LIS JUNCTION, MD 20	701					
			·				
2. Principal Pl	lace of Business	3. Mailing Address 211 WAPOO				er e gener E	••
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		STE 202 City & State		4. FEI Number : : Delied For			nolind For
		CALISTOGA	CA	52-192427	9	<del></del>	ot Applicable
Zip	Country	Zip 94515	Country	5. Certificate of Statu		\$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addres	s of New Registered A	Agent	
PRENTT	CE HALL						
	AYS ST STE 105		Street Addres	ss (P.O. Box Number is Not	Acceptable)		
	ASSEE, FL 32301						
			City		FL	Zip Ccc	le
					• -		
	and the second s				Ct-to of El-cido		
3. The above r	named entity submits this statement fo	or the purpose of changing its	s registered office or regis	stered agent, or both, in the	State of Florida.		
SIGNATURE							
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent		s registered office or regis	uired when reinstating)	CATE		
SIGNATURE		and title if applicable. INO		uired when reinstalting)	DO 390 7	<b>'601</b> )1054-	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO FILE N Make Check P	TE: Registered Agent signature requirements  OW!!! FEE IS \$50.0  ayable to Department	oured when reinstating)  1 [][]  t of State	CATE	<b>'601</b> )1054-	2 -015 50.00
SIGNATURE		and title if applicable (NO FILE N Make Check P	TE: Registered Agent signature requ	oured when reinstating)  1 [][]  t of State	CATE	<b>'601</b> )1054-	
SIGNATURE	Signature, typed or printed name of registered agent  MANAGING MEMB  MGRM  JEAN NOEL FOURMEAUX	FILE N Make Check P	OWIII FEE IS \$50.0 ayable to Department  10. TITLE NAME	oured when reinstating)  1 [][]  t of State	CATE	'601 )1054- *****	:50.UO
SIGNATURE	MANAGING MEMB MGRM JEAN NOEL FOURMEAUX 3875 MT VEEDER RD	FILE N Make Check P	OWIII FEE IS \$50.0 ayable to Department  10. TITLE NAME STREET ADDRESS	oured when reinstating)  1 [][]  t of State	CATE	'601 )1054- *****	:50.UO
BIGNATURE	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558	FILE N Make Check P  ERS/MEMBERS  Delete	TE: Registered Agent signature requirements  OW!!! FEE IS \$50.0 ayable to Department  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	oured when reinstating)  1 [][]  t of State	CATE	*#****   Change	×50.00 □ Addition
SIGNATURE	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN	FILE N Make Check P	OWIII FEE IS \$50.0 ayable to Department  10. TITLE NAME STREET ADDRESS	oured when reinstating)  1 [][]  t of State	CATE	'601 )1054- *****	S0.00
BIGNATURE  DITLE  IAME  SITY-ST-ZIP  ITLE  IAME  ITLE  IAME  ITREET ADDRESS	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD	FILE N Make Check P  ERS/MEMBERS  Delete	TE: Registered Agent signature requirements  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	oured when reinstating)  1 [][]  t of State	CATE	*#****   Change	×S0.00 □ Addition
D.  ITLE IAME STREET ADDRESS CITY—ST-ZIP  ITLE IAME ITREET ADDRESS CITY—ST-ZIP	MANAGING MEMB MGRM JEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140	FILE N Make Check P  ERS/MEMBERS  Delete  Delete	TE: Registered Agent signature requirements  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	oured when reinstating)  1 [][]  t of State	CATE		Addition
BIGNATURE  DITLE  IAME  SITY-ST-ZIP  ITLE  IAME  ITLE  IAME  ITREET ADDRESS	MANAGING MEMB MGRM JEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY	FILE N Make Check P  ERS/MEMBERS  Delete	TE: Registered Agent signature requirements  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	oured when reinstating)  1 [][]  t of State	CATE	*#****   Change	×S0.00 □ Addition
D.  TITLE  IAME  STREET ADDRESS  STY-ST-ZIP  STREET ADDRESS  STY-ST-ZIP  STREET ADDRESS  STY-ST-ZIP  STREET ADDRESS	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P:  ERS/MEMBERS  Delete  Delete	TE: Registered Agent signature requirements  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	oured when reinstating)  1 [][]  t of State	CATE		Addition
D.  TITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITLE  IAME  ITTLE  IAME	MANAGING MEMB MGRM JEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete	TE: Registered Agent signature redictions and apable to Department  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	oured when reinstating)  1 [][]  t of State	CATE	Lange   Lange   Change   Ch	Addition
D.  TITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITLE  IAME  ITLE  IAME  ITLE  IAME  ITLE  IAME  ITLE  IAME  ITLE  ITLE  ITLE  ITLE  ITLE  ITLE  ITLE  ITLE	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P:  ERS/MEMBERS  Delete  Delete	TE: Registered Agent signature redictions of the compartment of the co	oured when reinstating)  1 [][]  t of State	CATE		Addition
D.  TITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete	TE: Registered Agent signature redictions and apable to Department  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	oured when reinstating)  1 [][]  t of State	CATE	Lange   Lange   Change   Ch	Addition
SIGNATURE  TITLE  IAME  ITHE  IAME	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete	TE: Registered Agent signature redictions and apable to Department  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	oured when reinstating)  1 [][]  t of State	CATE	Lange   Lange   Change   Ch	Addition
SIGNATURE  TITLE  IAME  ITHEET ADDRESS  SITY-ST-ZIP  ITLE  IAME  ITLE  ITLE  IAME  ITLE  I	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete	TE: Registered Agent signature requirements  10.  110.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	oured when reinstating)  1 [][]  t of State	2ATE— -03/23/010 ****150.00 DDITIONS/CHANGES	Lange   Lange   Change   Ch	Addition
SIGNATURE  TITLE  IAME  ITHEET ADDRESS  SITY-ST-ZIP  ITLE  IAME	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete  Delete  Delete	TE: Registered Agent signature requirements  10.  110.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	oured when reinstating)  1 [][]  t of State	2ATE— -03/23/010 ****150.00 DDITIONS/CHANGES	Lange   Lange   Change   Ch	Addition  Addition
SIGNATURE  TITLE  IAME  IAME  ITTLE  IAME	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete  Delete  Delete	TE: Registered Agent signature requirements  10.  110.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	oured when reinstating)  1 [][]  t of State	2ATE— -03/23/010 ****150.00 DDITIONS/CHANGES	Lange   Lange   Change   Ch	Addition  Addition
SIGNATURE  TITLE  IAME  ITHEET ADDRESS  SITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  SITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  ITREET ADDRESS  ITY-ST-ZIP  ITLE  ITREET ADDRESS  ITY-ST-ZIP  ITLE  ITREET ADDRESS	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete  Delete  Delete	TE: Registered Agent signature requirements  10.  110.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	oured when reinstating)  1 [][]  t of State	DDITIONS/CHANGES	Lange   Lange   Change   Ch	Addition  Addition
D.  TITLE  IAME  STREET ADDRESS  SITY-ST-ZIP  STREET ADDRESS  STY-ST-ZIP  STR	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete  Delete  Delete  Delete	TE: Registered Agent signature requirements  10.  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	oured when reinstating)  1 [][]  t of State	DDITIONS/CHANGES	Change   C	Addition Addition Addition Addition
D.  TITLE  IAME  ITTLE	MANAGING MEMB MGRM LEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558 P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 2140 VP HENRY SHUEY 7 OLD LYME	FILE N Make Check P  ERS/MEMBERS  Delete  Delete  Delete  Delete  Delete  Delete	TE: Registered Agent signature requirements  10.  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	oured when reinstating)  1 [][]  t of State	DDITIONS/CHANGES	Change   C	Addition Addition Addition Addition

MICHAEL FRANKLIN, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/22/01

Date