

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

0024805

03-11-2002 90008 023 *****50.00

DOCUMENT # M99000000921

1. Entity Name

ASBURY AUTOMOTIVE CENTRAL FLORIDA, L.L.C.

Principal Place of Business

**4306 PABLO OAKS COURT
JACKSONVILLE FL 32224**

Mailing Address

**4306 PABLO OAKS COURT
JACKSONVILLE FL 32224****80039528**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 16469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

4. FEI Number

59-3580818

Applied For

Not Applicable

Zip

Country

Zip

Country

32245-6469 USA5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TOMM, CHARLIE (C.B.)
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COGGIN, LUTHER
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MARLETTE, LINDA L
4306 PABLO OAKS CT.
JACKSONVILLE FL 32224** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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STREET ADDRESS
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☐ Change ☐ AdditionTITLE
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☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Linda L. Marlette** **Linda L. Marlette**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-20-02 904-992-4110

CR2E083 (9/01)