

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

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

PO BOX 16469
JACKSONVILLE, FL 32245-646

DO NOT WRITE IN THIS SPACE



03172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3580818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TOMM, CHARLIE (C.B.)
4306 PABLO OAKS COURT
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COGIN, LUTHER
4306 PABLO OAKS COURT
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARLETTE, LINDA L
4306 PABLO OAKS CT.
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000272518
03/22/05-80009-013 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #

Linda L. Marlette Linda L. Marlette 31805 904-992-4110