

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # M99000001429****1. Entity Name**  
MAROONE DODGE, LLC**Principal Place of Business**

110 S.E. 6TH STREET

FT. LAUDERDALE  
33301

FL

**Mailing Address**

110 S.E. 6TH STREET

FT. LAUDERDALE  
33301

FL

**2. Principal Place of Business**

21151 NW 2ND AVENUE

**3. Mailing Address**

110 S.E. 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20TH FLOOR

**City & State**

MIAMI

FL

**City & State**

FT. LAUDERDALE

FL

**Zip**

33169

**Country****Zip**

33301

**Country****4. FEI Number****65-0944181****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

**7. Name and Address of New Registered Agent****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)

**04/11/2000**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**TITLE**  
**NAME** MGRM  
**STREET ADDRESS** AUTO HOLDING CORP.  
**CITY-ST-ZIP** 110 S.E. 6TH STREET  
FT. LAUDERDALE FL 33301  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**10. ADDITIONS/CHANGES****TITLE**  
**NAME** MGR  
**STREET ADDRESS** MAROONE MICHAEL E  
**CITY-ST-ZIP** 110 SE 6TH STREET  
FT. LAUDERDALE FL 33301  
☐ Change ☒ Addition**TITLE**  
**NAME** MGRM  
**STREET ADDRESS** HAIMOVICH JORGE  
**CITY-ST-ZIP** 21151 NW 2ND AVENUE  
MIAMI FL 33169  
☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**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.**