

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M990000001438

FILED
May 01, 2009
Secretary of State

Entity Name: STEVE MOORE CHEVROLET DELRAY, LLC

Current Principal Place of Business:

1111 LINTON BOULEVARD
DELRAY, FL 33444

New Principal Place of Business:

11AUJ11 LINTON BOULEVARD
DELRAY, FL 33444

Current Mailing Address:

110 S.E. 6TH STREET
20TH FLOOR
FT. LAUDERDALE, FL 33301

New Mailing Address:

110 S.E. 6TH STREET
26TH FLOOR
FT. LAUDERDALE, FL 33301

FEI Number: 65-0944647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BETHEL, ALISON E
110 SE 6TH ST
20TH FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

BETHEL, ALISON E
110 SE 6TH ST
26TH FLOOR
FT. LAUDERDALE, FL 33301 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENDER, JAMES R
Address: 110 SE 6TH STREET, 20TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BENDER, JAMES R
Address: 110 SE 6TH STREET, 26TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES R BENDER

MGR

05/01/2009

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