

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001705 1. Entity Name ALM MOTORS, L.L.C.	
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Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224	Mailing Address PO BOX 16469 JAX, FL 32245
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3604216	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000115521
04/16/04-80027-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMM, CHARLIE C 4306 PABLO OAKS CT. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLETTE, LINDA 4306 PABLO OAKS CT JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 605, Florida Statutes.

SIGNATURE: Linda L Marlette Linda L Marlette 4-9-04 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #