

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004878

**Entity Name:** WILLIAM WALLACE AUTOMOTIVE, LLC

**Current Principal Place of Business:**

3725 SE FEDERAL HWY  
STUART, FL 34997

**Current Mailing Address:**

3801 SE FEDERAL HWY  
STUART, FL 34997 US

**FEI Number: 65-1093371**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WALLACE, WILLIAM L  
3801 SE FEDERAL HWY  
STUART, FL 34997 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name WALLACE AUTOMOTIVE  
MANAGEMENT CORPORATION  
Address 3801 SE FEDERAL HIGHWAY  
City-State-Zip: STUART FL 34997

Title PT  
Name WALLACE, WILLIAM L  
Address 189 S BEACH RD  
City-State-Zip: HOBE SOUND FL 33455

Title VS  
Name SMITH, DAVID L  
Address 175 DOVE CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title CFO  
Name ARGRAVES, ELIZABETH D  
Address 9037 SE SANDY LANE  
City-State-Zip: HOBE SOUND FL 33455

Title S  
Name ARGRAVES, ELIZABETH D  
Address 9037 SE SANDY LANE  
City-State-Zip: HOBE SOUND FL 33455

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ELIZABETH ARGRAVES**

**CFO**

**01/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date