

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007311

**Entity Name:** COX AUTOMOTIVE, LLC

**Current Principal Place of Business:**

3101 CORTEZ ROAD  
BRADENTON, FL 34207

**Current Mailing Address:**

2900 CORTEZ ROAD  
BRADENTON, FL 34207

**FEI Number:** 04-3632093

**Certificate of Status Desired:** No

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

COX, KRISTOPHER R  
2900 CORTEZ ROAD  
BRADENTON, FL 34207 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:** KRISTOPHER R COX

03/10/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRESIDENT, CEO, DIRECTOR,  
AUTHORIZED MEMBER  
Name COX, KRISTOPHER R  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title VP, CFO, TREASURER, DIRECTOR,  
AUTHORIZED MEMBER  
Name COX-LEAVELL, TAMRA R  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title SECRETARY, DIRECTOR,  
AUTHORIZED MEMBER  
Name LIPSEY, JENNIFER C  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title ASST. TREASURER, DIRECTOR,  
AUTHORIZED MEMBER  
Name COX, KELLY D  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title ASST. SECRETARY, DIRECTOR,  
AUTHORIZED MEMBER  
Name COX, KYLE J  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title DIRECTOR, AUTHORIZED MEMBER  
Name COX, JAMES E  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title DIRECTOR, CHAIRMAN  
Name COX, GARY R  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

Title DIRECTOR  
Name COX, JAMES S  
Address 2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207

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*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:** TAMRA COX-LEAVELL

MGR

03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title            DIRECTOR  
Name            WALTERS, CLIFFORD L III  
Address        2900 CORTEZ ROAD  
City-State-Zip: BRADENTON FL 34207