

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052842

**Entity Name:** GOOD WORKS AUTO SALES LLC

**Current Principal Place of Business:**

1409 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

1409 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**FEI Number:** 26-2686066

**Certificate of Status Desired:** No

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

CLIFFORD, PATSY  
135 MENENDEZ RD  
ST AUGUSTINE, FL 32080 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 CLIFFORD, BARRY  
Address 135 MENENDEZ RD  
City-State-Zip: ST AUGUSTINE FL 32080

Title MGRM  
Name CLIFFORD, PATSY  
Address 135 MENENDEZ RD  
City-State-Zip: ST AUGUSTINE FL 32080

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATSY CLIFFORD

MGRM

03/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date