

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000174980

Entity Name: MNS AUTO LLC

Current Principal Place of Business:

699 MASON AVE
UNIT A
DAYTONA BEACH, FL 32117

Current Mailing Address:

6848 W SEA COVE AVE
ST AUGUSTINE, FL 32086

FEI Number: 46-4350042

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHADE, NICOLA
6848 W SEA COVE AVE
ST AUGUSTINE, FL 32086 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 SHADE, NICOLA
Address 6848 W SEA COVE AVE
City-State-Zip: ST AUGUSTINE FL 32086

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: NICOLA SHADE _____

OWNER

02/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date