

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000131839

**Entity Name:** ANTONELLI AUTOMOTIVE LLC

**Current Principal Place of Business:**

5766 ABELMAN ROAD  
NORTH PORT, FL 34291

**Current Mailing Address:**

5766 ABELMAN ROAD  
NORTH PORT, FL 34291 US

**FEI Number:** 47-1669333

**Certificate of Status Desired:** No

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

ANTONELLI ACCOUNTING INC  
5766 ABELMAN ROAD  
NORTH PORT, FL 34291 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	Title	MANAGER
Name	ANTONELLI, PETE A	Name	ANTONELLI, KATHRYN M
Address	5766 ABELMAN ROAD	Address	5766 ABELMAN ROAD
City-State-Zip:	NORTH PORT FL 34291	City-State-Zip:	NORTH PORT FL 34291

*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:** KATHRYN ANTONELLI

**MANAGER**

**04/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date