

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000118848

**Entity Name:** DORAL-A, LLC

**Current Principal Place of Business:**

150 N. BARTLETT ST  
MEDFORD, OR 97501

**Current Mailing Address:**

150 N. BARTLETT ST  
MEDFORD, OR 97501

**FEI Number:** 88-1508135

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            CHAMBERLAIN, ADAM  
Address        150 N. BARTLETT ST  
City-State-Zip: MEDFORD OR 97501

Title            SECRETARY  
Name            IMPERT, EDWARD  
Address        150 N. BARTLETT ST  
City-State-Zip: MEDFORD OR 97501

Title            TREASURER, ASST. SECRETARY  
Name            MILLER, TINA  
Address        150 N. BARTLETT ST  
City-State-Zip: MEDFORD OR 97501

Title            MANAGER  
Name            LITHIA MOTORS, INC.  
Address        150 N. BARTLETT ST  
City-State-Zip: MEDFORD OR 97501

*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:** EDWARD IMPERT

**SECRETARY**

**07/12/2024**

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

\_\_\_\_\_  
Date