

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100002023

Entity Name: HFP MOTORS L.L.C.

**Current Principal Place of Business:**

2905 PREMIERE PARKWAY  
SUITE 300  
DULUTH, GA 30097-5240

**Current Mailing Address:**

2905 PREMIERE PARKWAY  
SUITE 300  
DULUTH, GA 30097-5240

FEI Number: 06-1631102

Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MGRM	Title	P, CEO
Name	CFP MOTORS LLC	Name	HULT, DAVID W
Address	2905 PREMIERE PARKWAY SUITE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097-5240	City-State-Zip:	DULUTH GA 30097-5240
Title	VP	Title	SECRETARY
Name	MEES, MATTHEW	Name	VILLASANA, GEORGE
Address	2905 PREMIERE PARKWAY SUITE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097-5240	City-State-Zip:	DULUTH GA 30097-5240
Title	TREASURER	Title	VP
Name	PETTONI, MATTHEW	Name	HARTMAN, JOHN S
Address	2905 PREMIERE PARKWAY SUITE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097-5240	City-State-Zip:	DULUTH GA 30097-5240
Title	CFO		
Name	GOODMAN, SEAN D		
Address	2905 PREMIERE PARKWAY SUITE 300		
City-State-Zip:	DULUTH GA 30097-5240		

*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: MATTHEW MEES

VP

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date