

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000121

Entity Name: CN MOTORS L.L.C.**Current Principal Place of Business:**2905 PREMIERE PKWY
SUITE 300
DULUTH, GA 30097**Current Mailing Address:**2905 PREMIERE PKWY
SUITE 300
DULUTH, GA 30097 US**FEI Number:** 59-3185448**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name	COGGIN AUTOMOTIVE CORP
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	P, CEO
Name	HULT, DAVID W
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	VP
Name	MEES, MATTHEW
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	SECRETARY
Name	VILLASANA, GEORGE
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	VP
Name	KAROLIS, GEORGE
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	TREASURER
Name	PETTONI, MATTHEW
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	VP
Name	HARTMAN, JOHN S
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

Title	CFO
Name	GOODMAN, SEAN D
Address	2905 PREMIERE PKWY SUITE 300
City-State-Zip:	DULUTH GA 30097

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

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date