

2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M98000000456

Entity Name: ASBURY AUTOMOTIVE TAMPA GP 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: 13-3990508

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 ASBURY AUTOMOTIVE GROUP L.L.C.
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title P, CEO
Name HULT, DAVID W
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title VP
Name MEES, MATTHEW
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title SECRETARY
Name VILLASANA, GEORGE
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title TREASURER
Name PETTONI, MATTHEW
Address 2905 PREMIERE PARKWAY SUITE 300
City-State-Zip: DULUTH GA 30097-5240

Title VP
Name HARTMAN, JOHN S
Address 2905 PREMIERE PARKWAY SUITE 300
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

VICE PRESIDENT

08/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date