2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9900000922

Entity Name: CK CHEVROLET LLC

Current Principal Place of Business:

2905 PREMIER PARKWAY, STE 300 DULUTH, GA 30097

Current Mailing Address:

2905 PREMIER PARKWAY, STE 300 DULUTH, GA 30097

FEI Number: 59-3580820

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

/ (a			
Title	MGRM	Title	P, CEO
Name	ASBURY AUTOMOTIVE CENTRAL	Name	HULT, DAVID W
Address	FLORIDA LLC 2905 PREMIER PARKWAY, STE 300	Address	2905 PREMIERE PARKWAY SUITE 300
City-State-Zip:	DULUTH GA 30097	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, STE 300
City-State-Zip:	DULUTH GA 30097-5240	City-State-Zip:	DULUTH GA 30097
Tide		Title	CFO
Title		Name	GUIDO, PATRICK J
Name		Address	2905 PREMIERE PKWY, SUITE 300
Address	2905 PREMIERE PKWY, SUITE 300	City-State-Zip:	DULUTH GA 30097
City-State-Zip:	DULUTH GA 30097		
Title	VP	Title	TREASURER
Name	CALLISON, RANDY	Name	REID, KAREN
		Address	2905 PREMIERE PKWY, SUITE 300
Address City-State-Zip:	2905 PREMIERE PKWY, SUITE 300 DULUTH GA 30097	Address City-State-Zip:	,

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

04/22/2021

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date