

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014641

Entity Name: PLUS AUTO PARTS, LLC

FILED
Jul 06, 2004
Secretary of State

Current Principal Place of Business:

1770 NW 23 RD ST
MIAMI, FL 33142

New Principal Place of Business:

9375 NW 101 STREET
MEDLEY, FL 33178-130 US

Current Mailing Address:

1770 NW 23 RD ST
MIAMI, FL 33142

New Mailing Address:

9375NW 101 STREET
MEDLEY, FL 33178-130 US

FEI Number: 65-1056021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHPIILBERG, DAVID
1770 NW 23 RD ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

SHPIILBERG, DAVID
9375 NW 101 STREET
MEDLEY, FL 33178-130 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:

07/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: LUDMIR, WILLIAM
Address: 1770 NW 23 RD ST
City-St-Zip: MIAMI, FL 33142

Title: CT () Delete
Name: SHPIILBERG, DAVID
Address: 1770 NW 23 RD ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUDMIR, WILLIAM
Address: 9375 NW 101 STREET
City-St-Zip: MEDLEY, FL 33178-130 US

Title: MGRM (X) Change () Addition
Name: SHPIILBERG, DAVID
Address: 9375 NW 101 STREET
City-St-Zip: MEDLEY, FL 33178-130 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM LUDMIR

MGR

07/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date