

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034591

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** A C USED PARTS AND AUTO CRUSHING, L.L.C.

**Current Principal Place of Business:**

1425 NORTH MCDUFF AVENUE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

10935 NORMANDY BLVD.  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

1425 NORTH MCDUFF AVENUE  
JACKSONVILLE, FL 32254

**New Mailing Address:**

10935 NORMANDY BLVD  
JACKSONVILLE, FL 32221

FEI Number: 14-1908591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MYERS, WILLIAM S CPA  
905 PARK AVE.  
ORANGE PARK, FL 32073 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TAYLOR, ALICE C  
Address: 10935 NORMANDY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGR (X) Delete  
Name: TAYLOR, RAY  
Address: 1465 OLD MIDDLEBURG RD.  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALICE C TAYLOR

MGR

04/23/2009

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