

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000006752

1. Entity Name

4 WHEEL PARTS WHOLESALERS, LLC



Principal Place of Business

Mailing Address

ATTN: DARREN M. SALVIN, ESQ.
610 WALNUT AVENUE
COMPTON CA 90220

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610 WALNUT AVENUE
COMPTON CA 90220



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3651056

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR Delete
NAME: TAP OPERATING COMPANY, LLC
STREET ADDRESS: 801 W. ARTESIA BLVD.
CITY-STATE-ZIP: COMPTON CA 90220

Change Addition
NAME: **U00000656858**
STREET ADDRESS: **03/14/07-80040-013**
CITY-STATE-ZIP: **50.00**

TITLE: Delete
NAME:
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CITY-STATE-ZIP:
 Change Addition

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STREET ADDRESS:
CITY-STATE-ZIP:
 Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-27-07 **310-500-2667**