FILED
May 05, 2003 8:00 am
Secretary of State
04-15-2003 90032 040 ****50.00

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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001939

1. Entity Name
PAR Automotive, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14725 N Florida Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33613 Country: Hillsb	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 26-0040450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ – $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Judith G. Cornelius CA PA

Street Address (P.O. Box Number is Not Acceptable): 6070 N. Himes Ave Ste

City: Tampa FL Zip Code: 33614

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: Judith G Cornelius DATE: 1/9/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: Member / PRESIDENT NAME: Steven Engel STREET ADDRESS: 53 E Sunny Slope Cir CITY-ST-ZIP: The Woodlands TX 77381-6552	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MEMBER - TREASURER NAME: CATHY ENGEL STREET ADDRESS: 53 E SUNNY SLOPE Circle CITY-ST-ZIP: THE WOODLANDS TX 77381	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MEMBER - SECRETARY NAME: TIM ENGER STREET ADDRESS: 1308 COUNTRY Elm CT CITY-ST-ZIP: LUTZ FL 33549	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Steven S. Engel 4/10/2003 936-273-6708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #