

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004036

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** AMERICAN REBUILT PRODUCTS, LLC

**Current Principal Place of Business:**

2014 W BEAVER ST  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

8221 HALL LANE  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 75-3007091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRONCZAK, LESLIE S  
9170 LATIMER ROAD WEST  
JACKSONVILLE, FL 32241 US

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

HAGAN, JO A CPA  
8975 SAN RAE ROAD  
JACKSONVILLE, FL 32257 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: JO HAGAN, CPA

01/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HENLEY, CHARLES F  
Address: 8221 HALL LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES F. HENLEY

MGR

01/18/2006

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