

**2004 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034902

1. Entity Name

LKQ AUTO PARTS OF ORLANDO, LLC



Principal Place of Business

120 N. LASALLE STREET STE. 3300
CHICAGO, IL 60602

Mailing Address

120 N. LASALLE STREET STE. 3300
CHICAGO, IL 60602

DO NOT WRITE IN THIS SPACE



01062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
47-0916179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000011841
04/13/04-80037-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME HOLSTER, JOSEPH
STREET ADDRESS 120 N LASALLE ST STE 3300
CITY-ST-ZIP CHICAGO, IL 60602

TITLE VP
NAME SPEARS, MARK
STREET ADDRESS 120 N LASALLE ST STE 3300
CITY-ST-ZIP CHICAGO, IL 60602

TITLE T
NAME ERLAIN, FRANK
STREET ADDRESS 120 N LASALLE ST STE 3300
CITY-ST-ZIP CHICAGO, IL 60602

TITLE S
NAME HANLEY, WALTER
STREET ADDRESS 120 N LASALLE ST STE 3300
CITY-ST-ZIP CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Walter Hanley Walter Hanley 4/7/04 312-621-1950