LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 02, 2003 8:00 am
Secretary of State
04-15-2003 90026 046 ****50.00

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DOCUMENT # L02000034902

1. Entity Name

LKQ AUTO PARTS OF ORLANDO, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
120 N. LaSalle St.	120 N. LaSalle St.
Suite, Apt. #, etc.: Suite 3300	Suite, Apt. #, etc.: Suite 3300
City & State: Chicago, IL 60602	City & State: Chicago, IL 60602
Zip: 60602 Country: US	Zip: 60602 Country: US

4. FEI Number: 47-0916179 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

City: Plantation FL Zip Code: 33324

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	LKQ Crystal River, Inc. Joseph Holsten, President 120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LKQ Crystal River, Inc. Mark Spears, Vice President 120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LKQ Crystal River, Inc. Frank Erlain, Treasurer 120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LKQ Crystal River, Inc. Walter Hanley, Secretary 120 N. LaSalle St., Suite 3300 Chicago, IL 60602
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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: _____ 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #