

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023067

FILED  
Jan 19, 2006  
Secretary of State

**Entity Name:** GPC AUTOMOTIVE REPAIR AND RECYCLING, L.L.C.

**Current Principal Place of Business:**

1235 MAY BROOK ST.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1235 MAY BROOK ST.  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 20-0061015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREAVES, KEITH  
2318 EMERALD ROSE WAY  
APOPKA, FL 32712 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHUNG, ERROL F MR  
Address: 1235 MAYBROOK ST  
City-St-Zip: APOPKA, FL 32703

Title: MGR ( ) Delete  
Name: CHUNG, GARY A MR  
Address: 1525 SILVER FOX CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: MGR ( ) Delete  
Name: GREAVES, KEITH D MR  
Address: 2318 EMERALD ROSE WAY  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

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

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

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: KEITH GREAVES

MGR

01/19/2006

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