

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000043308

1. Entity Name

ALL-PRO USED AUTO PARTS, LLC



Principal Place of Business

1715 OLD DIXIE HWY
AUBURNDAL, FL 33823

Mailing Address

P.O. BOX 623
AUBURNDAL, FL 33823



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2776608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMMONS, ROBERT O ESQ
1556 SIXTH ST SE
WINTER HAVEN, FL 33880

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KELLEY, DERRICK
STREET ADDRESS 1715 OLD DIXIE HWY
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE MGR
NAME CLEMENTS, D. SCOTT
STREET ADDRESS 1715 OLD DIXIE HWY
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE MGR
NAME RIFFEL, PHILLIP
STREET ADDRESS 1715 OLD DIXIE HWY
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE MGR
NAME JOHNSON, TERRY
STREET ADDRESS 1715 OLD DIXIE HWY
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE MGR
NAME SCOTT, RANDY
STREET ADDRESS 1715 OLD DIXIE HWY
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000607132
01/31/07-80025-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

PHILLIP M. RIFFEL

01.24.07

Date

863.667.3600

Daytime Phone #