

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 21 AM 9:40

DOCUMENT # L05000044992 1. Entity Name AAA AUTO RECYCLING, LLC					
Principal Place of Business 812 NW 1ST STREET FORT LAUDERDALE, FL 33311			Mailing Address 812 NW 1ST STREET FORT LAUDERDALE, FL 33311		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03272006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DAMERAU, DAVID F 812 NW 1ST STREET FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>David F. Damerau</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>4/29/06</u> 954-525-1032 Daytime Phone #		