

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000112529

FILED
Apr 28, 2008
Secretary of State

Entity Name: MR. USED TRUCK PARTS, LLC

Current Principal Place of Business:

10653 W OKEECHOBEE RD.
BAYS 1 & 2
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

10653 W OKEECHOBEE RD.
BAYS 1 & 2
HIALEAH GARDENS, FL 33018

New Mailing Address:

13901 SW 279TH. LANE
RICO'S
MIAMI, FL 33032

FEI Number: 20-3836401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, JOSE M
3 GROVE ISLE DRIVE
PH 5
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

RICO'S
8501 BLUE LAGOON DRIVE
PH
MIAMI, FL 33126 US

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: RICO ORTIZ

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, JOSE M
Address: 3 GROVE ISLE DRIVE PH 5
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: J & A ENTERPRISES LL, C
Address: 7700 NW 74 TH. AVE.
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Change (X) Addition
Name: RAMOS, JUAN
Address: 13354 SW 60 LANE
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify 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: JUAN RAMOS

MGRM

04/28/2008

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