

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037087

FILED
Mar 23, 2009
Secretary of State

Entity Name: BAY AREA AUTO PARTS, LLC

Current Principal Place of Business:

7797 PINE FOREST ROAD
PENSACOLA, FL 325268769

New Principal Place of Business:

Current Mailing Address:

C/O TRAX TIRES, INC.
2135 SCHILLINGER ROAD
MOBILE, AL 36695

New Mailing Address:

C/O TRAX TIRES, INC.
2135 SCHILLINGER ROAD SOUTH
MOBILE, AL 36695

FEI Number: 20-4673483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MNGR () Delete
Name: ADAMS, D. SHANE
Address: 2135 SCHILLINGER ROAD
City-St-Zip: MOBILE, AL 36695

Title: MNGR () Delete
Name: TESCHEL, ROBERT P
Address: 4770 SHANNON PLACE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: MNGR (X) Change () Addition
Name: ADAMS, D. SHANE
Address: 2135 SCHILLINGER ROAD SOUTH
City-St-Zip: MOBILE, AL 36695

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

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: DAVID SHANE ADAMS

MEMB

03/23/2009

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