2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L06000084510

Entity Name: ALTERNATIVE SOURCE OF AUTOMOTIVE PRODUCTS, LLC

Current Principal Place of Business:

521 COPELAND STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

521 COPELAND STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-5445390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIPATRI, KYLE
521 COPELAND STREET
JACKSONVILLE, FL 32204 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: MGRP ( ) Delete
Name: DIPATRI, KYLE W
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP (X) Delete
Name: FRANCIS, DALE M
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST ( ) Delete
Name: FLETCHER, WILLIAM D
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

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

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

Title: VPST (X) Change ( ) Addition
Name: FLETCHER, WILLIAM D
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: WILLIAM D. FLETCHER VP 04/09/2008

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