

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000005097

1. Entity Name  
O. & S. TRUCK PARTS, LLC



Principal Place of Business  
4920 LIGHT HOUSE CIR. B  
COCONUT CREEK, FL 33063 US

Mailing Address  
4920 LIGHT HOUSE CIR. B  
COCONUT CREEK, FL 33063 US

2. Principal Place of Business - No P.O. Box #  
4100 N POWERLINE RD.

3. Mailing Address  
4100 N POWERLINE RD.

Suite, Apt. #, etc.  
Q4

Suite, Apt. #, etc.  
Q4

City & State  
POMPANO BEACH, FL

City & State  
POMPANO BEACH, FL

Zip  
33073

Country  
US

Zip  
33073

Country  
US

12012008 REIN-LLC CR2E101 (1/07)

4. FEI Number 3837 494 32

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ABIRI, OLGA  
4920 LIGHT HOUSE CIR. B  
COCONUT CREEK, FL 33063

## 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

*SAGI ABIRI*  
Signature, typed or printed name of registered agent and title if applicable.

12/1/08  
(NOTE: Registered Agent signature required when reinstating)

12/1/08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ABIRI, SAGI  
4920 LIGHT HOUSE CIR. B  
COCONUT CREEK, FL 33063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*OLGA ABIRI*  
*4644 WAY CROSS DR*  
*LODARUS LAKES FL 33073* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*SAGI ABIRI*

12/1/08

954-974-8355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #