2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

5/5/2008-90038-008-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN -2 PM 12:26

1st MOORE CR2E083 (10/07)

DOCUMENT # L07000107365

1. Entity Name
DRD AUTOPARTS, LLC

Principal Place of Business	Mailing Address
334 N. E. 690TH STREET OLD TOWN FL 32680 US	334 N. E. 690TH STREET OLD TOWN FL 32680 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5 SE 1st Ave.	5 SE 1st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: High Springs, FL	City & State: High Spring, FL
Zip: 32643 Country	Zip: 32643 Country

4. FEI Number: 26-1288887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, DANIEL 334 N. E. 690TH STREET OLD TOWN FL 32680	Name: Street Address (P.O. Box Number is Not Acceptable): 5 SE 1st AVE. City: High Springs FL Zip Code: 32643

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, DANIEL 334 N. E. 690TH STREET OLD TOWN FL 32680 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5 SE 1st Ave. High Springs, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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JUN 02 2008
B. Tadlock

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Daniel R. Davis 4-17-2008 386-454-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #