

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095089

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** ASTOR AUTO PARTS, LLC

**Current Principal Place of Business:**

24049 STATE ROAD 40  
ASTOR, FL 32102 US

**New Principal Place of Business:**

**Current Mailing Address:**

533 SOUTH SUMMIT ST  
CRESCENT CITY, FL 32112 US

**New Mailing Address:**

**FEI Number:** 26-3569886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PICKENS, ROBERT W JR.  
533 SOUTH SUMMIT ST  
CRESCENT CITY, FL 32112 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:** MGRM  
**Name:** PICKENS, ROBERT W JR.  
**Address:** 107 DRIFTWOOD LANE  
**City-St-Zip:** GEORGETOWN, FL 32139 US

**Title:** MGR  
**Name:** BOLINGER, JAMES R  
**Address:** 212 CHAPMAN STREET  
**City-St-Zip:** CRESCENT CITY, FL 32112 US

I hereby 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:** JAMES BOLINGER

MRG

03/01/2011

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