

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061625

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** AJC TRANSMISSION PARTS, LLC

**Current Principal Place of Business:**

901 N EAST AVE  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

46 GOLD FINCH WAY  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

3216 AZALEA CIRCLE  
LYNN HAVEN, FL 32444 US

**FEI Number:** 27-2818795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KIDDER, JULIE  
46 GOLD FINCH WAY  
CRAWFORDVILLE, FL 32327 US

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

KIDDER, JULIE  
3216 AZALEA CIRCLE  
LYNN HAVEN, FL 32444 US

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:** JULIE KIDDER

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KIDDER, JULIE  
**Address:** 3216 AZALEA CIRCLE  
**City-St-Zip:** LYNN HAVEN, FL 32444 US

**Title:** MGRM  
**Name:** KIDDER, MARK  
**Address:** 3216 AZALEA CIRCLE  
**City-St-Zip:** LYNN HAVEN, FL 32444 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:** JULIE KIDDER

MGRM

04/15/2011

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