

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -1 AM 10:56

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000801

A-AABLE AUTO PARTS, L.C.
P.O. BOX 420521
KISSIMMEE FL 34742

1a. Principal Place of Business Address

3600 BOGGY CREEK ROAD
KISSIMMEE FL 34744

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

07/30/1996

FL

4. FEI Number

☐ Applied For
☐ Not Applicable

59-3391084

5. Date of Last Report

6. Certificate of Status Desired

05/28/1997

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MEDLIN, WALTER L
1401 PINE ISLAND RD
KISSIMMEE FL 34742

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

~~688882511946-6~~

~~-05/05/98 --01131 --016~~

~~****188.75 ****188.75~~

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MEDLIN, WALTER	1401 PINE ISLAND RD.	KISSIMMEE FL
MEM	ALLEN, D L	1403 GRANDVIEW BOULEVARD	KISSIMMEE FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Walter L. Medlin

Date

Daytime Phone #

(67) 847-5044