

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90191 049 \*\*\*\*50.00

**DOCUMENT # L96000000801**

1. Entity Name  
**A-AABLE AUTO PARTS, L.C.**



Principal Place of Business  
**3600 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744**

Mailing Address  
**P.O. BOX 420521  
KISSIMMEE, FL 34742**

64011402



01292004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3391084**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MEDLIN, WALTER L  
1401 PINE ISLAND RD  
KISSIMMEE, FL 34742**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MEM
NAME	MEDLIN, WALTER
STREET ADDRESS	1401 PINE ISLAND RD.
CITY-ST-ZIP	KISSIMMEE, FL 34742
TITLE	MEM
NAME	ALLEN, D L
STREET ADDRESS	1403 GRANDVIEW BOULEVARD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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:** \_\_\_\_\_

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

*Walter Medlin*

*2/15/04*

*407-847-9119*

Date

Daytime Phone #