


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L96000000801</b> 1. Entity Name A-AABLE AUTO PARTS, L.C.	
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Principal Place of Business 3600 BOGGY CREEK ROAD KISSIMMEE, FL 34744	Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3391084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MEDLIN, WALTER 1401 PINE ISLAND RD. KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ALLEN, D L 1403 GRANDVIEW BOULEVARD KISSIMMEE, FL 34744
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05/01/07-80036-023 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **2/15/07** **407-847-5044**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #