

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90027 024 ***138.75

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

DO NOT WRITE IN THIS SPACE



02072008 No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 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:

Donna L. Allen

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

2/25/08

Date

407-847-5044

Daytime Phone #