

M05 000005899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

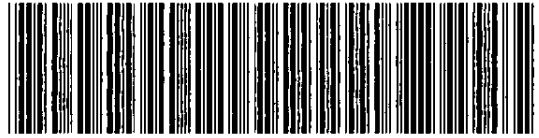
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
10 JAN 11 AM 6:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 12 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transamerican Auto Parts Company, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darren M. Salvin

Name of Person

Transamerican Dissolution Company

Firm/Company

400 W. Artesia Blvd.

Address

Compton, CA 90220

City/State and Zip Code

dsalvin@4wheelparts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren Salvin

Name of Person

at ( 310 )

900-2667

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of  
State: Transamerican Auto Parts Company, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 10/20/2005

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the  
change effected under the laws of its jurisdiction of organization? November 19, 2009

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Transamerican Dissolution Company, LLC

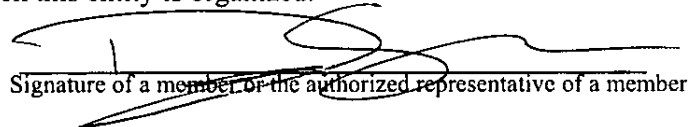
(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."  
or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the  
correction: \_\_\_\_\_

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned  
amendment(s), duly authenticated by the official having custody of records in the jurisdiction  
under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Darren M. Salvin

Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
10 JUN 11 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TRANSAMERICAN AUTO PARTS COMPANY, LLC", CHANGING ITS NAME FROM "TRANSAMERICAN AUTO PARTS COMPANY, LLC" TO "TRANSAMERICAN DISSOLUTION COMPANY, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2009, AT 1:23 O'CLOCK P.M.

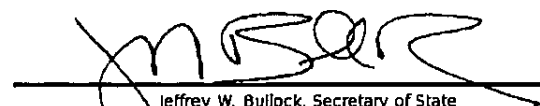
FILED  
10 JAN 11 AM 6:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4034689 8100

091032166

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7654596

DATE: 11-20-09