

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043308

**FILED**  
**Mar 20, 2014**  
**Secretary of State**  
**CC4295115572**

**Entity Name:** ALL-PRO USED AUTO PARTS, LLC

**Current Principal Place of Business:**

3453 OLD DIXIE HWY  
AUBURNDALE, FL 33823

**Current Mailing Address:**

P.O. BOX 623  
AUBURNDALE, FL 33823

**FEI Number:** 20-2776608

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SAMMONS, ROBERT OESQ  
1556 SIXTH ST SE  
WINTER HAVEN, FL 33880 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOHNSON, TERRY  
Address 3453 OLD DIXIE HWY  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name KELLEY, DERRICK  
Address 3453 OLD DIXIE HWY  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name RIFFEL, PHILLIP  
Address 3453 OLD DIXIE HWY  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name SCOTT, RANDY  
Address 3453 OLD DIXIE HWY  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name PATTON, KEVIN S  
Address 3453 OLD DIXIE HWY  
City-State-Zip: AUBURNDALE FL 33823

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRY JOHNSON

**MGR**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date