

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000065997

FILED
Feb 02, 2012
Secretary of State

Entity Name: HLMV IMPORTS, LLC

Current Principal Place of Business:

2100 SALZEDO STREET
SUITE 201
CORAL GABLES, FL 33134

New Principal Place of Business:

4555 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

2100 SALZEDO STREET
SUITE 201
CORAL GABLES, FL 33134

New Mailing Address:

4555 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 45-2475384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA PA
2100 SALZEDO STREET
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DE POCATERRA LEONOR LANDA
4555 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: DE POCATERRA LEONOR LANDA

02/02/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DE POCATERRA, LEONOR LANDA
Address: 2100 SALZEDO STREET, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: TROCONIS, HELENA G
Address: 2100 SALZEDO STREET, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: ZERPA, MARIO R
Address: 2100 SALZEDO STREET, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: MARCOPOULOS, FERENIKI
Address: 2100 SALZEDO STREET, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DE POCATERRA LEONOR LANDA

MGR

02/02/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date