## 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.

MGR

## SIGNATURE: SIMON PINTO

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: POCAR'S REPUESTOS & ACCESORIOS LLC **Current Principal Place of Business:** 

4041 NW 25 ST MIAMI, FL 33142

### **Current Mailing Address:**

DOCUMENT# L06000091800

4041 NW 25 ST MIAMI, FL 33142 US

## FEI Number: 51-0602749

## Name and Address of Current Registered Agent:

CORZO, JOSE R 4041 NW 25 ST MIAMI, FL 33142 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CORZO, JOSE R	Name	PINTO, SIMON M
Address	4041 NW 25 ST	Address	1521 ALTON ROAD STE, 510
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI BEACH FL 33139

# Certificate of Status Desired: No

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Apr 11, 2017 Secretary of State CC0625157598

FILED

04/11/2017 Date

Date