I hereby certify that the information indicated on this report or supplemental report is true and oath; that I am a managing member or manager of the limited liability company or the receive		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JOSE R. CORZO	MGR	07/15/2015

DOCUMENT# L06000091800
Entity Name: POCAR'S REPUESTOS & ACCESORIOS LLC

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# **Current Principal Place of Business:**

4041 NW 25 ST MIAMI, FL 33142

#### **Current Mailing Address:**

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	CARVALHO, ALICIA N
Address	4041 NW 25 ST	Address	4041 NW 25 ST
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142
Title	MGR	Title	MGR
Title Name	MGR PINTO, SIMON M	Title Name	MGR ALCALA, HILDA
Name	PINTO, SIMON M 1521 ALTON ROAD	Name	ALCALA, HILDA 1521 ALTON ROAD

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

Date