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: SIMON M PINTO

Electronic Signature of Signing Authorized Person(s) Detail

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

4041 NW 25 ST MIAMI, FL 33142

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
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	STE. 510 MIAMI BEACH FL 33139

SIMON M PINTO

MGR

Certificate of Status Desired: No

FILED Apr 30, 2019 Secretary of State 4979497095CC

04/30/2019

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091800

Entity Name: POCAR'S REPUESTOS & ACCESORIOS LLC

Current Principal Place of Business:

Date