#### 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: PINEIRO DOCAMPO FELIPE

Electronic Signature of Signing Authorized Person(s) Detail

#### Authorized Person(s) Detail :

Title MGRM PINEIRO DOCAMPO, FELIPE Name 133 GAVILAN AVE Address City-State-Zip: CORAL GABLES FL 33143

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L07000013314

# Entity Name: INTERNATIONAL AUTOMOTIVE EQUIPMENT SUPPLY, LLC

# **Current Principal Place of Business:**

6917 NW 52 STREET MIAMI, FL 33166

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

9100 S DADELAND BLVD STE 912 MIAMI, FL 33156 US

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

PIEDRA & COMPANY CPA PA 9100 S DADELAND BLVD STE 912 MIAMI, FL 33156 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.

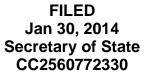
SIGNATURE:

Electronic Signature of Registered Agent

MGRM

Certificate of Status Desired: No

01/30/2014



Date

Date