

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095937

**Entity Name:** TRICOR PARTS LLC

**Current Principal Place of Business:**

2601 N NOB HILL ROAD  
APT. #307  
SUNRISE, FL 33322

**Current Mailing Address:**

P.O. BOX 453428  
SUNRISE, FL 33345 US

**FEI Number:** 27-1117595

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SARMIENTO, LUIS  
2601 N NOB HILL ROAD  
APT, # 307  
SUNRISE, FL 33322 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SARMIENTO, LUIS C  
Address 2601 N NOB HILL ROAD  
307  
City-State-Zip: SUNRISE FL 33322

*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:** LUIS SARMIENTO

**MANAGING MEMBER**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date