# 2014 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

### 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

# Authorized Person(s) Detail :

TitleMGRMNameSARMIENTO, LUIS CAddress2601 N NOB HILL ROAD<br/>307City-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.

PRESIDENT

SIGNATURE: LUIS C. SARMIENTO

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 15, 2014 Secretary of State CC4395624978

Certificate of Status Desired: Yes

Date

01/15/2014 Date