

2016 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

MGRM

01/19/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date