

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065997

**Entity Name:** HLMV IMPORTS, LLC

**Current Principal Place of Business:**

4555 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4555 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 US

**FEI Number:** 45-2475384

**Certificate of Status Desired:** Yes

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

DE POCATERRA LEONOR LANDA  
4555 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 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 MGR  
Name DE POCATERRA, LEONOR LANDA  
Address 4555 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name TROCONIS, HELENA G  
Address 4555 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name ZERPA, MARIO R  
Address 4555 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name MARCOPOULOS, FERENIKI  
Address 4555 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33146

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONOR LANDA DE POCATERRA

MANAGER

01/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date