

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000155314

**FILED**  
**May 03, 2019**  
**Secretary of State**  
**0848367668CC**

**Entity Name:** AUTOFORCE PERFORMANCE SHOP LLC

**Current Principal Place of Business:**

411 E DONEGAN AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

411 E DONEGAN AVE  
KISSIMMEE, FL 34744 US

**FEI Number: 83-1075919**

**Certificate of Status Desired: No**

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

LANTEN, MERANGEL  
2151 CONSULATE DR  
15  
ORLANDO, FL 32837 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            AMBR  
Name            VICUNA RIOS, DAVID  
Address        411 E DONEGAN AVE  
City-State-Zip: KISSIMMEE FL 34744

Title            AMBR  
Name            VICUNA, SERGIO R  
Address        411 E DONEGAN AVE  
City-State-Zip: KISSIMMEE FL 34744

Title            AMBR  
Name            VICUNA, ROBERTO  
Address        411 E DONEGAN AVE  
City-State-Zip: KISSIMMEE FL 34744

*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: VICUNA RIOS DAVID**

**OWNER**

**05/03/2019**

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

\_\_\_\_\_  
Date