

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000251869

**Entity Name:** IBT REPUESTOS LLC

**Current Principal Place of Business:**

2435 CANOPY BREEZE CIRCLE APT 3118  
ORLANDO, FL 32824

**Current Mailing Address:**

2435 CANOPY BREEZE CIRCLE APT 3118  
ORLANDO, FL 32824

**FEI Number:** 32-0736649

**Certificate of Status Desired:** No

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

OPTIMAL TAX & ACCOUNTING LLC  
8163 TEATICKET DR  
JACKSONVILLE, FL 32244 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 MANAGER  
Name BETANCOURT, EDUARDO A  
Address 2435 CANOPY BREEZE CIRCLE  
APT 3118  
City-State-Zip: ORLANDO FL 32824

Title MANAGER  
Name LEAL ESCALONA, VANESSA C  
Address 2435 CANOPY BREEZE CIRCLE  
APT 3118  
City-State-Zip: ORLANDO FL 32824

Title AUTHORIZED MEMBER  
Name RAMON LEAL HERRERA  
Address 89A FERRY ST  
City-State-Zip: JERSEY CITY NJ 07307

*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:** EDUARDO A BETANCOURT

**MANAGER**

**02/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date