2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

04-15-2004 90116 032 ****50.00

34007001

MOORE CR2E083 (11/03)

DOCUMENT # L03000008397

1. Entity Name

ATLANTIC PARTS & SERVICE LLC

Principal Place of Business	Mailing Address
14951 S.W. 59TH ST. MIAMI FL 33193	14951 S.W. 59TH ST. MIAMI FL 33193

2. Principal Place of Business		3. Mailing Address	
12064 SW 117 CT		12064 SW 117 CT	
Suite, Apt. #, etc. MIAMI FL		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip 33186	Country USA	Zip 33186	Country USA

4. FEI Number 26 0062182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, CARLOS
14951 S.W. 59TH ST.
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name: MORENO, CARLOS
Street Address (P.O. Box Number is Not Acceptable): 12064 SW 117 CT
City: MIAMI FL Zip Code 33186

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	General Manager / Carlos Moreno / 14951 SW 59 ST / Miami FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: [signature] General Manager 05/17/04 305-2595555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #