

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000044462

Entity Name: MIAMI TRACKLESS PARTS, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 140727
CORAL GABLES, FL 331140727

New Principal Place of Business:

3971 SW 8 STREET
STE 308
MIAMI, FL 33134 US

Current Mailing Address:

P.O. BOX 140727
CORAL GABLES, FL 331140727

New Mailing Address:

3971 SW 8 STREET
SUITE 308
CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALFANO, ALEXANDER J ESQ
2655 LE JEUNE RD, SUITE 403
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FARMER, DANIEL
3971 SW 8 STREET
SUITE 308
CORAL GABLES, FL 33134 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: DANIEL FARMER

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOLCOTT, SYLVIA PENA
Address: P.O. BOX 140727
City-St-Zip: CORAL GABLES, FL 331140727

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: WOOLCOTT, SYLVIA PENA
Address: 3971 SW 8 STREET STE 308
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SYLVIA PENA WOOLCOTT

PD

04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date