

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04002078367

1. Entity Name
EXPARTS, LLC



Principal Place of Business
3173 SW 141 TERRACE
DAVIE, FL 33330

Mailing Address
3173 SW 141 TERRACE
DAVIE, FL 33330

FILED
Aug 11, 2008 08:00 AM
Secretary of State



08052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1828189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOVAR DEL CORRAL, JOSE' G
C/O ARIAS TOVAR INCORPORATED
1725 MAIN STREET, SUITE 209
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUJILLO, ANDRES 3173 SW 141 TERRACE DAVIE, FL 33330
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08/11/08-80004-007 538.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #