

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

07-21-2006 90082 003 ****50.00

DOCUMENT # L05000100475

1. Entity Name
PETROPARTS LLC



Principal Place of Business
**2030 SOUTH OCEAN DR.
SUITE 402
HALLANDALE, FL 33009**

Mailing Address
**2030 SOUTH OCEAN DR.
SUITE 402
HALLANDALE, FL 33009**

00016555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3643416**
20-364346

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSCOSO, MIRIAM P
2030 S. OCEAN DR.
SUITE 402
HALLANDALE, FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MOSCOSO, MIRIAM P**
STREET ADDRESS **2030 S. OCEAN DR. SUITE 402**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MOSCOSO, JUANA K**
STREET ADDRESS **2030 S. OCEAN DR. SUITE 402**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **MARIO X. BALDA**
STREET ADDRESS **2030 S. OCEAN DR. SUITE 402**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **M. Patricia Moscoso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/18/06

954-4545262

Day

Daytime Phone #