2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116471

Entity Name: TOTAL PARTS INT., LLC

JIMENO MALAVE, WILLIAM A

5585 NW 72 AVE

MIAMI, FL 33166 US

Name:

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
STE 900	29TH AVENUE	Ē	201 S. BISCAYNE B STE 905	LVD.	
AVENTUR	A, FL 33180	US	MIAMI, FL 33131	US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
18851 NE STE 900	29TH AVENUE	<u> </u>	201 S. BISCAYNE B STE 905	LVD.	
AVENTUR	A, FL 33180	US	MIAMI, FL 33131	US	
FEI Number:	20-3916476	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ROTH, LEONARDO A ESQ 18851 NE 29TH AVENUE STE 900 AVENTURA, FL 33180 US			201 S.BISCAYNE BL STE 905	ROTH, LEONARDO A ESQ 201 S.BISCAYNE BLVD STE 905 MIAMI, FL 33131 US	
	named entity s of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both	
SIGNATURE: LEONARDO A ROTH				04/27/2009	
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () MARINO PENA, 5585 NW 72 AV MIAMI, FL 3310	Έ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () PALMA COBO, 5585 NW 72 AV MIAMI, FL 3310	Έ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARINO PENA JOSE F MGR 04/27/2009