

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025109

FILED  
May 16, 2008  
Secretary of State

Entity Name: AIRPARTS LLC

**Current Principal Place of Business:**

1533 HAYES ST.  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 20-5388757      FEI Number Applied For ( )      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:**

**Name and Address of New Registered Agent:**

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRIDERICI, ALEX  
Address: 1533 HAYES ST.  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: RAMIREZ, MARIO  
Address: 1900 S OCEAN BLVD #2G  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete  
Name: RAMIREZ, JOSE A  
Address: 1900 S OCEAN BLVD #2G  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARIO RAMIREZ

MGRM

05/16/2008

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