

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025109

FILED
Jun 24, 2009
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: ALEX FRIDERICI

MGRM

06/24/2009

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