

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096880

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** EQUIPARTS IMPORT & EXPORT, LLC

**Current Principal Place of Business:**

7601 E TREASURE DR  
805  
NORTH BAY VILLAGE, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

7601 E TREASURE DR  
805  
NORTH BAY VILLAGE, FL 33141 US

**New Mailing Address:**

**FEI Number:** 20-5674710      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OSORIO, KAREN L  
7601 E TREASURE DR  
805  
NORTH BAY VILLAGE, FL 33141 US

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

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: MGR      ( ) Delete  
Name: OSORIO, KAREN L  
Address: 3770 NE 171 ST UNIT 208  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR      ( ) Delete  
Name: OSORIO, DIANA C  
Address: 7601 E TREASURE DR UNIT 805  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

**ADDITIONS/CHANGES:**

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: KAREN L OSORIO

MM

04/30/2008

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