

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099151

Entity Name: ARTO PART, LLC

FILED
Jul 29, 2008
Secretary of State

Current Principal Place of Business:

676 NW 23RD ST
MIAMI, FL 33127 US

New Principal Place of Business:

2695 BISCAYNE BLVD
MIAMI, FL 33127 US

Current Mailing Address:

676 NW 23RD ST
MIAMI, FL 33127 US

New Mailing Address:

2695 BISCAYNE BLVD
MIAMI, FL 33127 US

FEI Number: 20-5775437 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:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 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: MGRM () Delete
Name: DE LUCIA, IVAN SR.
Address: 676 NW 23RD ST
City-St-Zip: MIAMI, FL 33127 US

Title: MGR (X) Delete
Name: COITO, CESAR SR.
Address: 8655 SW 152ND AVE # 148
City-St-Zip: MIAMI, FL 33193 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE LUCIA, IVAN SR.
Address: 2695 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33127 US

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: IVAN DE LUCIA

MGRM

07/29/2008

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