

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024112

FILED
Sep 12, 2008
Secretary of State

Entity Name: TROPICAL PARTS & SYSTEMS, LLC.

Current Principal Place of Business:

8908 NW 187 STREET
MIAMI, FL 33018

New Principal Place of Business:

Current Mailing Address:

8908 NW 187 STREET
MIAMI, FL 33018

New Mailing Address:

FEI Number: 20-8817199 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:

BOLIVAR, ANDRES R
8908 NW 187 STREET
MIAMI, FL 33018 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: BOLIVAR, ANDRES R
Address: 8908 NW 187 STREET
City-St-Zip: MIAMI, FL 33018

Title: MGRM () Delete
Name: BOLIVAR, MARIA A
Address: 8908 NW 187 STREET
City-St-Zip: MIAMI, FL 33018

Title: MGRM (X) Delete
Name: CARVALLO, CARLOS E
Address: 1450 GARDEN RD
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete
Name: CARVALLO, CARLOS E
Address: 1450 GARDEN RD
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete
Name: BOLIVAR, MARIA A
Address: 8908 NW 187 STREET
City-St-Zip: MIAMI, FL 33018

Title: D (X) Delete
Name: BOLIVAR, ANDRES R
Address: 8908 NW 187 STREET
City-St-Zip: MIAMI, FL 33018

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:

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: ANDRES BOLIVAR

D

09/12/2008

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