

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000049633

1. Entity Name

RACING COMPONENTS LLC



FILED
Jul 10, 2008 08:00 AM
Secretary of State



Principal Place of Business

1486 SANDPIPER CIRCLE
WESTON FL 33327

Mailing Address

1486 SANDPIPER CIRCLE
WESTON FL 33327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBRECHT, RONALD E
7809 W COMMERCIAL BLVD
TAMARAC FL 33351

Name

Street Address (P.O.-Box Number is not acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME AYALA, ALEJANDRO
STREET ADDRESS 1486 SANDPIPER CIRCLE
CITY-ST-ZIP WESTON FL 33327

TITLE MGRM ☐ Delete
NAME GUERRERO, SANTIAGO
STREET ADDRESS 1486 SANDPIPER CIRCLE
CITY-ST-ZIP WESTON FL 33327

TITLE MGRM ☐ Delete
NAME ALBRECHT, RONALD
STREET ADDRESS 1486 SANDPIPER CIRCLE
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U000000954132
07/10/08-80012-020 138.75

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

7/10/2008