

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000109953

1. Entity Name
HEAVY PARTS LLC.



Principal Place of Business
29620 US HWY 27
B
LAKE HAMILTON, FL 33851

Mailing Address
29620 US HWY 27
B
DUNDEE, FL 33838

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

5292 S OBT

Suite, Apt. #, etc.

3. Mailing Address

5292 S OBT

Suite, Apt. #, etc.

FILED
09 JUN -2 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012009 REIN-LLC CR2E101 (1/07)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
26-1331256

Applied For
Not Applicable

Zip
32839
Country
Orange

Zip
32839
Country
Orange

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, GERARDO
2103 COLE TRAIL
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
LDC Accountants / Associates CPAs LLC

Street Address (P.O. Box Number is Not Acceptable)
3925 S Semoran Suite 7C

City
Orlando FL Zip Code
32822

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)

5/12/09
DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
NEGRON, JORGE
STREET ADDRESS
10149 LAXTON ST
CITY-ST-ZIP
ORLANDO, FL 32824 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT
2008-09 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300156718833
06/03/09--01006--002 **277.50 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S. HAWKES ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUN 3 - 2009
EXAMINER ☐ Change ☐ Addition

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

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

5/14/09
Date

Daytime Phone #