
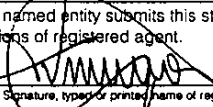
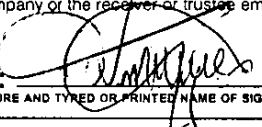


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90025 047 ****50.00

DOCUMENT # M98000001338					
1. Entity Name TAM PARTS & LOGISTICS, L.L.C.					
Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33134			Mailing Address 5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BOTELHO, ANTONIO 5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Talles Moreira Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive Suite 700 City Miami FL Zip Code 33126	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Talles Moreira </div> <div style="width: 30%; text-align: right;"> DATE 2/08/06 </div> </div>					
Filing Fee is \$56.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOTELHO, ANTONIO 5201 BLUE LAGOON DRIVE, STE 700 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Moreira, Talles 5201 Blue Lagoon Drive, Ste 700 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Talles Moreira 2/8/06 (305) 477-5997		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

40010360



02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0874727 Applied For Not Applicable

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