

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000048194

**Entity Name:** SIC AUTOPARTS, LLC

**Current Principal Place of Business:**

458 NW LAKE WHITNEY PL  
SAINT LUCIE WEST, FL 34986

**Current Mailing Address:**

P.O. BOX 880312  
SAINT LUCIE WEST, FL 34988

**FEI Number:** 22-3930822

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name ADRIAN, GABRIELE  
Address P.O. BOX 880312  
City-State-Zip: SAINT LUCIE WEST FL 34988

Title MGR  
Name ADRIAN, DANIEL  
Address P.O. BOX 880312  
City-State-Zip: SAINT LUCIE WEST FL 34988

Title S  
Name ADRIAN, GABRIELE  
Address P.O. BOX 880312  
City-State-Zip: SAINT LUCIE WEST FL 34988

Title T  
Name ADRIAN, DANIEL  
Address P.O. BOX 880312  
City-State-Zip: SAINT LUCIE WEST FL 34988

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL ADRIAN

MBR

01/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date