

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000020262

Entity Name: P4RTS, LLC**Current Principal Place of Business:**8570 NW 68 ST STE 201
MIAMI, FL 33166**Current Mailing Address:**8570 NW 68 ST STE 201
MIAMI, FL 33166**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRO, RODOLFO
14242 SW 14TH ST
MIAMI, FL 33144 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:** RODOLFO TRO

03/31/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CONDE FEO, GUILLERMO
Address 11380 NW 87 LANE
City-State-Zip: DORAL FL 33178

Title MGRM
Name BEAUJON WULFF, FELIX E
Address CALLE B EDIFICIO CURRUNATA URV
LOMAS DE LA
City-State-Zip: ALAMEDA APTO 31C CARACAS

Title MGRM
Name HOSTOS MUSSO, CARLOS E
Address AVE JOSE MARIA VARGAS RES
PORTAL ALAMEDA
City-State-Zip: TORRE A PB-1A SANTA FE

Title MGRM
Name GARCIA CESPED, MAURICIO A
Address AVE ROMULO GALLEGOS URB
BOLEITA NORTE
City-State-Zip: EDIF AZUCENA APTO B1002

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: GUILLERMO CONDE FEO

OWNER

03/31/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date