

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

504132903375
5/6/2004 90004-013-\$150.00-\$150.00

DOCUMENT # L03000040510

1. Entity Name
J & S TIRE & AUTO REPAIR LLC



FILED

2004 JUN 15 PM 3:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



05032004 Chg-LLC CR2E083 (10/03)

Principal Place of Business
720 N.W. 183 STREET
MIAMI, FL 33169

Mailing Address
720 N.W. 183 STREET
MIAMI, FL 33169

2. Principal Place of Business
411 S. 58th AVE

3. Mailing Address
12850 W. State Rd 84

Suite, Apt. #, etc.
Hollywood, FL

Suite, Apt. #, etc.
Lot 6-24

City & State
Hollywood, FL

City & State
DAVE, FL 33325

Zip
33023

Country
Broward

Zip
33325

Country
Broward

4. FEI Number
16-1686856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIN, HA JAE
720 N.W. 183 STREET
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name
HA, Seong WAN
Street Address (P.O. Box Number is Not Acceptable)
12850 W. State Rd 84
Lot 6-24
City
DAVE FL Zip Code
33325

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)

4/30/04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MIN, HA JAE
720 N.W. 183 STREET
MIAMI, FL 33169

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Seong WAN HA
12850 W. State Rd 84, Lot 6-24
DAVE, FL 33325

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:

S W HA

4/30/04

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

Date

Daytime Phone #