

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000086520**

1. Entity Name  
TNJ AUTO SPECIALIST, L.L.C.



Principal Place of Business  
4090 SW 40 AVENUE  
PEMBROKE PARK, FL 33023

Mailing Address  
4090 SW 40 AVENUE  
PEMBROKE PARK, FL 33023



03282007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1946130

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARUSO, ANTONIO  
12905 ARCH CREEK ROAD, APT. #1  
NORTH MIAMI, FL 33161

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LUIS-FERNANDEZ, JOSE
STREET ADDRESS	4421 SW 39 STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	MGRM
NAME	NELIDA CARLI, PATRICIA
STREET ADDRESS	4421 SW 39 STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	MGRM
NAME	CARUSO, ANTONIO
STREET ADDRESS	12905 ARCH CREEK ROAD, APT. #1
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000698125  
04/18/07-80068-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

03/26/2007 954-989-6505

Date

Daytime Phone #