

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90036 024 ***138.75

DOCUMENT # L04000086520

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



Principal Place of Business
15431 W. DIXIE HIGHWAY BAY 2,3
NORTH MIAMI BEACH, FL 33162

Mailing Address
15431 W. DIXIE HIGHWAY BAY 2,3
NORTH MIAMI BEACH, FL 33162

60039077



2. Principal Place of Business - No P.O. Box #
9092 SOUTH RIVER DR

3. Mailing Address
(SAME)

Suite, Apt. #, etc.
BAY 36

Suite, Apt. #, etc.

City & State
MEDLEY, FLA

City & State

Zip Country
33166 USA

Zip

Country

05012008 Chg-LLC CR2E083 (12/06)

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

GUZMAN & GUZMAN, P.A.
% ALBERTO GUZMAN
9130 S. DADELAND BLVD., SUITE 1600
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LUIS-FERNANDEZ, JOSE ☐ Delete
STREET ADDRESS 4421 SW 39 STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE MGRM
NAME NELIDA CARLI, PATRICIA ☐ Delete
STREET ADDRESS 4421 SW 39 STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DANIEL CORDOBA ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS 568 E. 49 STREET
CITY-ST-ZIP MIAMI, FLA 33013

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

MGRN 5-01-08 786-426-6639

Date

Daytime Phone #