

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043549

Entity Name: A.J. AUTO REPAIR, LLC

FILED  
Feb 20, 2008  
Secretary of State

**Current Principal Place of Business:**

15580-4 MCGREGOR BOULEVARD  
FT. MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

15580-4 MCGREGOR BOULEVARD  
FT. MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 16-1757982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JILANI, FARIQ M  
15580-4 MCGREGOR BOULEVARD  
FT. MYERS, FL 33908 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JILANI, FARIQ M MGR  
Address: 916 ALLMAN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: MGRM ( ) Delete  
Name: JILANI, JACQUELYN S  
Address: 916 ALLMAN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JILANI, FARIQ M MGR  
Address: 12609 KENTWOOD AVE  
City-St-Zip: FT.MYERS, FL 33913 US

Title: MGRM (X) Change ( ) Addition  
Name: JILANI, JACQUELYN S  
Address: 12609 KENTWOOD AVE  
City-St-Zip: FT.MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JACQUELYN S. JILANI

MGRM

02/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date