

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000011546

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

**Entity Name:** PJ AUTO REPAIR LLC

**Current Principal Place of Business:**

290 BAY STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

290 BAY STREET  
NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address:**

290 BAY STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

1178 FORESTWOOD STREET  
DAYTONA BEACH, FL 32119 US

**FEI Number:** 30-0391527      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JIMENEZ, PEDRO  
290 BAY STREET  
NEW SMYRNA BEACH, FL 32168 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: PEDRO JIMENEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** JIMENEZ, PEDRO  
**Address:** 290 BAY STREET  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** JIMENEZ, PEDRO  
**Address:** 1178 FORESTWOOD STREET  
**City-St-Zip:** DAYTONA BEACH, FL 32119 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: PEDRO JIMENEZ

MGRM

02/03/2009

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