

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000112874

FILED  
Sep 15, 2009  
Secretary of State

**Entity Name:** A.J. TIRES AND AUTO REPAIR, LLC

**Current Principal Place of Business:**

2762 APOPKA BLVD  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

2762 APOPKA BLVD  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 26-1386654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SANCHEZ, ADAM J  
1304 PLEASANTVIEW DR  
APOPKA, FL 32703 US

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

SANCHEZ, ADAM J  
6357 SLEEPY HOLLOW DR.  
ORLANDO, FL 32810 US

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: ADAM J. SANCHEZ

09/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANCHEZ, ADAM J  
Address: 2762 APOPKA BLVD  
City-St-Zip: APOPKA, FL 32703 US

Title: MGR ( ) Delete  
Name: SANCHEZ, JOSE  
Address: 2762 APOPKA BLVD  
City-St-Zip: APOPKA, FL 32703 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADAM J. SANCHEZ

MGR

09/15/2009

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