

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

Annual Report

2010

DOCUMENT # L07000115835

1. Limited Liability Company's Name

J & L Best Used Cars LLC

2. Principal Office Address - No P.O. Box #

4230 new TAMPA

Suite, Apt. #, etc.

Hwy

City & State

Lakeland FL

Zip

33815

Country

POLK

3. Mailing Office Address

4230 new TAMPA

Suite, Apt. #, etc.

Hwy

City & State

Lakeland FL

Zip

33815

Country

POLK

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida

11-16-2007

6. FEI Number

830501252

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required

for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Pierre Louis Osnielle

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

4230 new TAMPA Hwy

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33815

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Osnielle Pierre Louis

REGISTERED AGENT MUST SIGN

Date

3-2-2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Osnielle Pierre Louis	1910 MANOR DRIVE	UNION NJ 07083
MEM	Sherry Edouard	869 LYONS AVE	IRVINGTON NJ 07111

11. E-mail Address

Jandlusedcars@hotmail.com

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Sherry Edouard

Date

3-2-10

Daytime Phone #

862 452 6505

Typed or printed name of signing Managing Member/Manager

Edouard Sherry

FILED

10 MAR -9 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)