

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M07000004950**

1. Entity Name  
T-J-T AUTOMOTIVE, LLC



Principal Place of Business  
1726 E. WADE ST  
TRENTON, FL 32693

Mailing Address  
1726 E. WADE ST  
TRENTON, FL 32693



02032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-3759367

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROHNER-KREZMINSKI, JANET  
3622 N.W. 52ND TERRACE  
GAINESVILLE, FL 32606

**DO NOT WRITE  
IN THIS SPACE**

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 title 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME ROHNER-KRZEMINSKI, JANET A  
STREET ADDRESS 1726 E. WADE ST  
CITY-ST-ZIP TRENTON, FL 32693

TITLE MGRM  
NAME KRZEMINSKI, TRAVIS C  
STREET ADDRESS 1726 E. WADE ST  
CITY-ST-ZIP TRENTON, FL 32693

TITLE MGRM  
NAME KRZEMINSKI, ANTHONY P  
STREET ADDRESS 1726 E. WADE ST  
CITY-ST-ZIP TRENTON, FL 32693

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000818535  
02/15/08-80047-012 143.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #