


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90366 023 \*\*\*\*50.00

**DOCUMENT # L01000012292**  
 1. Entity Name  
**TIRE MASTERS INTERNATIONAL, L.L.C.**



Principal Place of Business      Mailing Address  
**7262 NW 33 STREET**      **7262 NW 33 STREET**  
**MIAMI, FL 33122**      **MIAMI, FL 33122**

**30010262**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

05102007    Chg-LLC    CR2E083 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**65-1125344**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  
**RAMIREZ, LUIS J**  
**7262 NW 33 STREET**  
**MIAMI, FL 33122**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE      MGR       Delete  
 NAME      **AGUDELO, CARLOS M**  
 STREET ADDRESS      **7262 NW 33 STREET**  
 CITY-ST-ZIP      **MIAMI, FL 33122**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      MGR       Delete  
 NAME      **RAMIREZ, LUIS**  
 STREET ADDRESS      **7262 NW 33 STREET**  
 CITY-ST-ZIP      **MIAMI, FL 33122**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      MGR       Delete  
 NAME      **GOMEZ, ANGEL**  
 STREET ADDRESS      **7262 NW 33 STREET**  
 CITY-ST-ZIP      **MIAMI, FL 33122**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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TITLE       Delete  
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TITLE       Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: 

6/04/02      305-499-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #