


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 7262 NW 33 STREET MIAMI, FL 33122	Mailing Address 7262 NW 33 STREET MIAMI, FL 33122
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1125344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

RAMIREZ, LUIS J  
 7262 NW 33 STREET  
 MIAMI, FL 33122

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR AGUDELO, CARLOS M 7262 NW 33 STREET MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, LUIS 7262 NW 33 STREET MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, ANGEL 7262 NW 33 STREET MIAMI, FL 33122
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U00000827675  
 02/21/08-80100-009 138.75

**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:**  **02/11/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #