

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000025094

**Entity Name:** JSJA AUTO, LLC

**Current Principal Place of Business:**

3235 US 1 SOUTH  
ST. AUGUSTINE, FL 32806

**Current Mailing Address:**

PO BOX 860249  
ST. AUGUSTINE, FL 32806 US

**FEI Number:** 45-5200964

**Certificate of Status Desired:** Yes

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

DI FEO, JOSEPH C JR.  
6912 CYPRESS LAKE COURT  
ST. AUGUSTINE, FL 32086 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name DI FEO, JOSEPH C SR.  
Address 8 HALF MOON ISLE  
City-State-Zip: JERSEY CITY NJ 07305

Title MGR  
Name DI FEO, ANDREW  
Address 336 MARSHSIDE DR. NORTH  
City-State-Zip: ST. AUGUSTINE FL 32086

Title MGR  
Name DI FEO, SAMUEL X  
Address 140 LOGGERHEAD POINT  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name DI FEO, JOSEPH C JR.  
Address 6912 CYPRESS LAKE CT  
City-State-Zip: SAINT AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH C DIFEO

**MANAGER**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date