

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000227648

**Entity Name:** AJ AUTO REPAIRS L.L.C

**Current Principal Place of Business:**

6299 POWERS AVE  
UNIT 141  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

PO BOX 56343  
JACKSONVILLE, FL 32241 US

**FEI Number:** 92-1750090

**Certificate of Status Desired:** Yes

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

ALAGIC, AMIRA  
6299 POWERS AVE  
UNIT 142  
JACKSONVILLE, FL 32217 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           MANAGER  
Name           ALAGIC, AMIRA  
Address        PO BOX 56343  
City-State-Zip: JACKSONVILLE FL 32241

*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:** AMIRA ALAGIC

**MANAGER**

**04/24/2024**

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

\_\_\_\_\_  
Date