2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 02, 2004 08:00 AM DOCUMENT # L03000018103 **Secretary of State** 1. Entity Name ALJEN 40, LLC Mailing Address Principal Place of Business 3822 WEST 12TH AVENUE 3822 WEST 12TH AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE Applied For City & State City & State 4. FEI Number Not Applicable Zφ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ETESSAM, SHAHIN Street Address (P.O. Box Number is Not Acceptable) 3814 WEST 12TH AVENUE HIALEAH FL 33012 City Zìp 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change ☐ Addition MGR ☐ Defete TITLE TIRE ETESSAM, SHAHIN NAME NAME U00000024563 STREET ADDRESS STREET ADDRESS 3814 WEST 12TH AVENUE 92/02/04-88071-018 50.00 CITY-ST-ZIP CSTY-ST-ZSP HIALEAH FL 33012 RILE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITS F THTLE SMAIN 356555 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-782 ☐ Change Addition TITLE TITLE Oefete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete mlŧ 1331.5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and additional 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 postee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

305.364.850