


**2006-LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000029030
1. Entity Name
AJ'S TRIPLE R SERVICES, LLC



Principal Place of Business Mailing Address
874 E. 20TH STREET **874 E. 20TH STREET**
SANFORD, FL 32771 **SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



01262006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
04-379138Z Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, ANDREW S
874 E. 20TH STREET
SANFORD, FL 32771

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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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, ANDREW S 874 E. 20TH STREET SANFORD, FL 32771
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04/21/06-60011-007 50.00

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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:  **4-4-2006** **(407) 321-1054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #