

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054739

Entity Name: AJH WEST COAST, LLC

FILED
Apr 04, 2009
Secretary of State

Current Principal Place of Business:

5332 BARCLAY AVE
BROOKSVILLE, FL 34609

New Principal Place of Business:

17348 NICASIO JAY AVE
WEEKI WACHEE, FL 34614

Current Mailing Address:

5332 BARCLAY AVE
BROOKSVILLE, FL 34609

New Mailing Address:

17348 NICASIO JAY AVE
WEEKI WACHEE, FL 34614

FEI Number: 20-2578928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FYOCK, SHERRILYN
5332 BARCLAY AVE
BROOKSVILLE, FL 34609 US

Name and Address of New Registered Agent:

FYOCK, SHERRILYN
17348 NICASIO JAY AVE
WEEKI WACHEE, FL 34614 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:

04/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FYOCK, SHERRILYN C
Address: 5332 BARCLAY AVE
City-St-Zip: BROOKSVILLE, FL 34609

Title: MGRM () Delete
Name: FYOCK, FRANK N
Address: 5332 BARCLAY AVE
City-St-Zip: BROOKSVILLE, FL 34609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FYOCK, SHERRILYN C
Address: 17348 NICASIO JAY AVE
City-St-Zip: WEEKI WACHEE, FL 34614

Title: MGRM (X) Change () Addition
Name: FYOCK, FRANK N
Address: 17348 NICASIO JAY AVE
City-St-Zip: WEEKI WACHEE, FL 34614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHERRILYN C FYOCK

MGRM

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date