

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000016255

Entity Name: AJI INVESTMENTS LLC

FILED  
Oct 20, 2009  
Secretary of State

**Current Principal Place of Business:**

864 BLAIRMONT LANE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

864 BLAIRMONT LANE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 20-8443333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

INDA, JAMES  
864 BLAIRMONT LANE  
LAKE MARY, FL 32746      US

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

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: JAMES INDA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: INDA, JAMES  
Address: 864 BLAIRMONT LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: INDA, JAMES  
Address: 864 BLAIRMONT LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Change (X) Addition  
Name: INDA, AMY  
Address: 3033 N. GLENWAY DR.  
City-St-Zip: BAY CITY, MI 48706

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: JAMES INDA

MGR

10/20/2009

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