

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010985

**Entity Name:** AJ OF HOMESTEAD, LLC

**Current Principal Place of Business:**

44 NE 16 STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

PO BOX 902111  
HOMESTEAD, FL 33030

**FEI Number: 04-3701640**

**Certificate of Status Desired: No**

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

JANKOWSKI, ANDRZEL  
44 NE 16 STREET  
HOMESTEAD, FL 33030 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 P  
Name JANKOWSKI, ANDRZEJ  
Address 44 NE 16 STREET  
City-State-Zip: HOMESTEAD FL 33030

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDRZEJ JANKOWSKI**

**MANAGING MEMBER**

**02/27/2013**

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

\_\_\_\_\_  
Date