

2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDRZEJ JANKOWSKI

PRES

03/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date