

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000073245

Entity Name: AJ OPTIMAL MANAGEMENT, LLC

Current Principal Place of Business:

8090 ATLANTIC BLVD APT D31
JACKSONVILLE, FL 32211

Current Mailing Address:

8090 ATLANTIC BLVD APT D31
JACKSONVILLE, FL 32211

FEI Number: 46-5636909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MECKEL, AMY
8090 ATLANTIC BLVD APT D31
JACKSONVILLE, FL 32211 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 MGR
Name MECKEL, AMY
Address 8090 ATLANTIC BLVD APT D31
City-State-Zip: JACKSONVILLE FL 32211

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: AMY MECKEL

MANAGER

04/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date