

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000084246

**Entity Name:** AJAI LIVING LLC

**Current Principal Place of Business:**

6495 W 2 COURT  
HIALEAH, FL 33012

**Current Mailing Address:**

6495 W 2 COURT  
HIALEAH, FL 33012 US

**FEI Number:** 47-4056798

**Certificate of Status Desired:** No

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

CIMADEVILLA, FELIX  
6495 W 2 COURT  
HIALEAH, FL 33012 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                | Title           | MGR                |
| Name            | CIMADEVILLA, FELIX | Name            | CIMADEVILLA, AARON |
| Address         | 6495 W 2 COURT     | Address         | 16 MUNSON COURT    |
| City-State-Zip: | HIALEAH FL 33012   | City-State-Zip: | MELVILLE NY 11747  |

*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:** AARON CIMADEVILLA

**MEMBER**

**07/08/2016**

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

\_\_\_\_\_  
Date