

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000169215

**Entity Name:** AJ HEALTHCARE MARKETING LLC

**Current Principal Place of Business:**

10200 GANDY BLVD NORTH  
APT 408  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 130353  
TAMPA, FL 33681 US

**FEI Number:** 83-1266346

**Certificate of Status Desired:** No

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

GERCHIKOV, ASHLEY J  
10200 GANDY BLVD NORTH  
APT 408  
ST. PETERSBURG, FL 33702 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           MANAGER  
Name           GERCHIKOV, ASHLEY  
Address        10200 GANDY BLVD NORTH  
                  APT 408  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** ASHLEY GERCHIKOV

**OWNER**

**04/09/2019**

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

\_\_\_\_\_ Date