

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000160919

Entity Name: AJAX BUILDING COMPANY, LLC**Current Principal Place of Business:**1080 COMMERCE BLVD
MIDWAY, FL 32343**Current Mailing Address:**1080 COMMERCE BLVD
MIDWAY, FL 32343 US**FEI Number:** 59-0969709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	CEO, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	BYRNE, WILLIAM	Name	DESOTELL, BRIAN
Address	1080 COMMERCE BLVD	Address	1080 COMMERCE BLVD
City-State-Zip:	MIDWAY FL 32343	City-State-Zip:	MIDWAY FL 32343
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	ROSENSTEIN, JEFF	Name	WELLS, APPLING
Address	1080 COMMERCE BLVD	Address	1080 COMMERCE BLVD
City-State-Zip:	MIDWAY FL 32343	City-State-Zip:	MIDWAY FL 32343
Title	ASST. TREASURER	Title	ASST. SECRETARY
Name	PHILLIPS, BRETT	Name	SANTIAGO, KAREN
Address	1080 COMMERCE BLVD	Address	1080 COMMERCE BLVD
City-State-Zip:	MIDWAY FL 32343	City-State-Zip:	MIDWAY FL 32343
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	SEWELL, TIM	Name	WILSON, MICHAEL
Address	1080 COMMERCE BLVD	Address	1080 COMMERCE BLVD
City-State-Zip:	MIDWAY FL 32343	City-State-Zip:	MIDWAY FL 32343

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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: DESOTELL , BRIANSECRETARY BY, ANA
DUTEAU, ATTORNEY-IN-
FACT

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	PRESIDENT, DIRECTOR
Name	SMITH, JOHN
Address	1080 COMMERCE BLVD
City-State-Zip:	MIDWAY FL 32343