

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013677

Entity Name: AYMAN & CO., LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

1879 NIGHTINGALE LANE A-1
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1879 NIGHTINGALE LANE A-1
TAVARES, FL 32778

New Mailing Address:

FEI Number: 65-1135059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHUJA, SHAHBAS
1879 NIGHTINGALE LANE A-1
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

SHUJA, SHAHBAZ
1879 NIGHTINGALE LANE A-1
TAVARES, FL 32778 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: SHAHBAZ SHUJA

05/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHUJA, SHAHBAZ
Address: 778 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: SHUJA, AROUSHA
Address: 778 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SHUJA, AREESHA
Address: 778 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHAHBAZ SHUJA

MGR

05/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date