

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 043 ****50.00

DOCUMENT # L01000021544

1. Entity Name

AHJTJV, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1255 NW 17th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1255 NW 17th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

Zip

Country

33445

USA

City & State

Delray Beach FL

Zip

Country

33445

USA

4. FEI Number

65-1159519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name J. Michael Pakradooni

Street Address (P.O. Box Number is Not Acceptable)

967 Cypress Drive

City

Delray Beach

FL

Zip Code

33483

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

4/23/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	TITLE	
NAME	J. Michael Pakradooni	NAME	
STREET ADDRESS	967 Cypress Drive	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach FL 33483	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

J Michael Pakradooni

4/23/02

561-289-1937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #