

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

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90263 001 \*\*\*300.00

**DOCUMENT #** L01000021930

1. Entity Name

A&JS HOLDING LLC

**DO NOT WRITE IN THIS SPACE**

- 16006

2. Principal Place of Business

1333 North Duval Street

3. Mailing Address

1333 North Duval St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32302

Country

USA

Zip

32302

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.

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

1333 North Duval Street

City

Tallahassee

FL

Zip Code

32302

**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.

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Jan Erik KNUDSGAARD SKOU  
M. Juul Halvorsensvei 23  
Jessheim 2050, Norway

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Anni Hesel SKOU  
M. Juul Halvorsensvei 23  
Jessheim 2050, Norway

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Janet M. Caruccio*

Janet M. Caruccio  
Auth. Rep.

2-20-02

302-421-5750

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

Date

Daytime Phone #

CR2E083B (12/01)