2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State
06-02-2003 90083 008 ****50.00

DOCUMENT # L02000018888

1. Entity Name
AJPUU LLC

Principal Place of Business	Mailing Address
6521 WOODBURY ROAD BOCA RATON, FL 33433	6521 WOODBURY ROAD BOCA RATON, FL 33433

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5343 ISLAND GYPSY DR	5343 ISLAND GYPSY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES, FL ~~33463~~	City & State: GREENACRES, FL
Zip: 33463 Country: USA	Zip: 33463 Country: USA

4. FEI Number: 76-0711422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
626 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: JOHN THARP
Street Address (P.O. Box Number is Not Acceptable): 5343 ISLAND GYPSY DR.
City: GREENACRES FL Zip Code: 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JOHN THARP 5/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MGRM MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANTIAGO NARGANEZ 1200 S. OCEAN BLVD 11 H BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] SANTIAGO NARGANEZ MGRM 5/30/03 561-361-7093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)