

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 24, 2007**  
**Secretary of State**

DOCUMENT# L03000009229

Entity Name: AJ ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

4129 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

8125 CHANNEL DR  
PORT RICHEY, FL 34668

**Current Mailing Address:**

4129 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

8125 CHANNEL DR  
PORT RICHEY, FL 34668

FEI Number: 32-0066182      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:**

JANKE, AARON C  
4129 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652      US

**Name and Address of New Registered Agent:**

JANKE, AARON C  
8125 CHANNEL DR  
PORT RICHEY, FL 34668      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: AARON JANKE

10/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JANKE, AARON C  
Address: 4129 FLORAMAR TERRACE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JANKE, AARON C  
Address: 8125 CHANNEL DR  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: MGRM ( ) Change (X) Addition  
Name: JANKE, ALISON M MGRM  
Address: 8125 CHANNEL DR  
City-St-Zip: PORT RICHEY, FL 34668 US

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: AARON JANKE

MGRM

10/24/2007

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