## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000036975**

1. Entity Name

A & J OF 1430 MASON AVENUE, LLC



07-19-2005 90010 010 \*\*\*\*50.00

**FILED** 

Jul 19, 2005 8:00 am Secretary of State

Principal Place of Business

1430 MASON AVE. DAYTONA BEACH, FL 32117 Mailing Address

1430 MASON AVE. DAYTONA BEACH, FL 32117

MUUU 4 1 ~ -

07072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
20-0314684	 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTOLANI, JOHN A 1430 MASON AVE. DAYTONA BEACH, FL 32117

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	named entity submits this statement for the purpose of chang ions of registered agent.	ing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	CATE
	ing Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTOLANI, JOHN A 1368 JOHN ANDERSON DR. ORMOND BEACH, FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORTOLANI, Angela 1368 John Anderson Da Ormond Bich F132176		
TITLE NAME STREET ADORESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		wells, for the execution stated in Section 110.07	3V/) Elegida Statutes I further cartify that the information
<ol><li>11. I hereby</li></ol>	certify that the information supplied with this filing does not qu	lality for the exemption stated in Section 119.07(	3)(I), Florida Statutes. I turther centify that the information

In literary ceating that the information supplied with this litting does not quality for the exemption stated in Section 119,07(3)(1), Horida Statutes. I further certify that the information indicated on this report is true and accurate an attaining member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND PYPED OR PREVIED NAME OF SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/14/05

386-271-3601

Date

Daytime Phone #