

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000036976

1. Entity Name

A & J OF 1620 MASON AVENUE, LLC



Principal Place of Business

1430 MASON AVE.
DAYTONA BEACH, FL 32117

Mailing Address

1430 MASON AVE.
DAYTONA BEACH, FL 32117



04192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0314543

Applied For

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

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000541229
05/10/06-80050-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ORTOLANI, JOHN A
STREET ADDRESS	1368 JOHN ANDERSON DR.
CITY - ST - ZIP	ORMOND BEACH, FL 32176
TITLE	MGR
NAME	ORTOLANI, ANGELA
STREET ADDRESS	1368 JOHN ANDERSON DRIVE
CITY - ST - ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06 386-2743601