

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000024924

1. Entity Name
A & J ASSOCIATES, L.L.C.



Principal Place of Business
P.O. BOX304
LOUGHMAN, FL 33855-0304 US

Mailing Address
P.O. BOX304
LOUGHMAN, FL 33855-0304 US



04122006 No Chg-LLC

CR2E083 (1/05)

DO NOT WRITE IN THIS SPACE

4. FE Number
11-3715996

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARUN, JOSHI
142 PINWOOD DR
DAVENPORT, FL 33898

**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

Arun Joshi

(ARUN JOSHI)

4-24-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOSHI, ARUN
STREET ADDRESS	142 PINWOOD DR
CITY-ST-ZIP	DAVENPORT, FL 33898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 806, Florida Statutes.

SIGNATURE

Arun Joshi

(ARUN JOSHI)

4-24-06

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

Date

Day/Phone/Fax #