

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000047068

1. Entity Name
AJF MYAMI, L.L.C.



Principal Place of Business
10925 SW 125 ST.
MIAMI, FL 33176

Mailing Address
10925 SW 125 ST.
MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 160458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

City & State

City & State

Zip

Country

Zip

Country

33176

USA

03202007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
56-2471778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARQUHARSON, AUDREY J
10925 SW 125 ST.
MIAMI, FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3-20-07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FARQUHARSON, AUDREY J
STREET ADDRESS 10925 SW 125 ST.
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE
NAME 000095802750 ☐ Change ☐ Addition
STREET ADDRESS 04/04/07--01035--007 ***100.00
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-20-07 305 609 4950

Date

Daytime Phone #

FILED

2007 MAR 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

