

L04000059973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

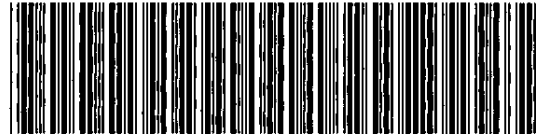
(Business Entity Name)

(Document Number)

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08 MAY 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 2 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AJ PROPERTY MANAGEMENT, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000059973

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Stephen A. Taylor, Esq.
(Name of Contact Person)

Stephen A. Taylor, P.L.
(Firm/Company)

11900 Biscayne Blvd. Suite #280
(Address)

Miami, FL. 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen A. Taylor at (305) 722-0091
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 MAY 30 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 13, 2008

STEPHEN A TAYLOR, ESQ
11900 BISCAYNE BLVD
STE 280
MIAMI, FL 33181

SUBJECT: AJ PROPERTY MANAGEMENT LLC
Ref. Number: L04000059973

We have received your document for AJ PROPERTY MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00030553

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AJ Property Management LLC

2. (a) Principal office address of limited liability company: 4332 NW 120th Ave.
 (Note: **MUST BE STREET ADDRESS**) Coral Springs, FL 33065

(b) Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida: 8/12/2004

4. Document number: LO4000059973

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: SAT Registered Agent, LLC

Registered Office Address: 44 West Flagler Street, Suite 675
Miami, FL 33130

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: SAT Registered Agent, LLC

NEW Registered Office Address: 11900 Biscayne Blvd. Suite 280
 (MUST BE FLORIDA STREET ADDRESS) Miami, FL 33181

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John J. Requinot
 (Signature of a member or authorized representative of a member)

John J. Requinot
 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 (Signature of Registered Agent)

FILED
 MAY 30 AM 10:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00**