

L04000089402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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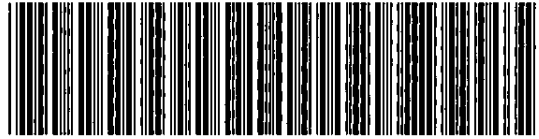
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AJLM ENTERPRISES, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000089402

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:

MR. LAMARTINE MERISIER
(Name of Contact Person)

AJLM ENTERPRISES, LLC
(Firm/Company)

2101 N.W. 119th St.
(Address)

MIAMI, FL 33167
(City/State and Zip Code)

For further information concerning this matter, please call:

MR. LAMARTINE MERISIER at (786) 346-0374
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 11, 2007

LAMARTINE MERISIER
2101 NW 119TH ST
MIAMI, FL 33167

SUBJECT: AJLM ENTERPRISES LLC
Ref. Number: L04000089402

We have received your document for AJLM ENTERPRISES 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: 907A00059918

**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. The name of the limited liability company is: ASLM ENTERPRISES, LLC
2. The mailing address of the limited liability company is : 13600 SOUTH BISCAYNE RIVER DR., MIAMI, FL 33161
3. Date of filing/registration in Florida 12/10/04
4. Document number L04000089402

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MR. WILFRID PIERRE
Name
1133 BELLE MEADE ISLAND DR.
Address
MIAMI, FL 33138
City, State and Zip

6. The name and address of the new registered agent and/or office:

MR. LAMARTINE MERISIER
Name
13600 SOUTH BISCAYNE RIVER DR.
Florida street address (P.O. Box NOT acceptable)
MIAMI, FL 33161
City, State and Zip

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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.

X [Signature]
(Signature of a member or authorized representative of a member)

X LAMARTINE MERISIER
(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.

X [Signature]
(Signature of Registered Agent)

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