

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000089689

Entity Name: SAJ, LLC

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5375 TAMIAMI TRAIL NORTH  
SUITE 5  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5375 TAMIAMI TRAIL NORTH  
SUITE 5  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 20-2377800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANIPELLE, SUSAN L  
4792 WEST BOULEVARD  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CANIPELLE, SUSAN  
Address: 4792 WEST BOULEVARD  
City-St-Zip: NAPLES, FL 34103

Title: MGRM  
Name: SIMONSEN-HICKOK, JOAN  
Address: 15438 MILAN WAY  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN SIMONSEN-HICKOK

MGRM

04/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date