

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000029807**

1. Entity Name  
**AJB TECHNICAL SERVICES, LLC**



Principal Place of Business  
**3914 SCARBOROUGH COURT  
CLERMONT, FL 34711-6985**

Mailing Address  
**3914 SCARBOROUGH COURT  
CLERMONT, FL 34711-6985**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2176641**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AUST, LYNN B  
1220 E LIVINGSTON STREET  
ORLANDO, FL 32803**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$138.75 *CL#1278***  
**After May 1, 2008 Fee will be \$538.75**

**01/08/08-80040-013 138.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BREMER, AURELIA A 3914 SCARBOROUGH COURT CLERMONT, FL 347116985</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BREMER, JOHN 3914 SCARBOROUGH COURT CLERMONT, FL 34711</b>
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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 608, Florida Statutes.

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

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

**John R. Bremer**

**1/05/08**

Date

**352-242-0098**

Daytime Phone #