FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 PM 3:16

9-15-06
$150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000080386

1. Entity Name
AJ TRUCKING COMPANY L.L.C.

Principal Place of Business	Mailing Address
9442 CANNON DRIVE ORLANDO, FL 32817	9442 CANNON DRIVE ORLANDO, FL 32817

09132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
9442 CANNON DR Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32817 Country: ORANGE	Zip Country

4. FEI Number 20-3310355 ☐ 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
ACOSTA, ABDIEL SR 9442 CANNON DRIVE ORLANDO, FL 32817	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 Abdiel Acosta SR 9-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 15, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Abdiel Acosta SR. 9442 CANNON DR Orlando, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400080308584 09/29/06--01054--024 **50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2006 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300081501503 11/03/06--01035--016 **100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: 9-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #