

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000105367

Entity Name: AJ FOR GOOD HEALTH, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

2040 LAKEBREEZE WAY
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

2040 LAKEBREEZE WAY
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-3711320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGEMAN, JANICE L
2040 LAKEBREEZE WAY
DELTONA, FL 32738 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: JANICE BRIDGEMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRIDGEMAN, JANICE
Address: 2040 LAKEBREEZE WAY
City-St-Zip: DELTONA, FL 32738 US

Title: MGR (X) Delete
Name: BRIDGEMAN, AUDREY
Address: 2040 LAKEBREEZE WAY
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRIDGEMAN, AUDREY P
Address: 2040 LAKEBREEZE WAY
City-St-Zip: DELTONA, FL 32738 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANICE BRIDGEMAN

MGR

01/05/2007

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