

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 22, 2006 8:00 am
Secretary of State

04-24-2006 90065 021 ****50.00

DOCUMENT # L05000121203			
1. Entity Name AJD HOLDINGS, LLC			
Principal Place of Business 5164 STRATEMEYER DRIVE ORLANDO FL 32839 US		Mailing Address 5164 STRATEMEYER DRIVE ORLANDO FL 32839 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 77-0659169		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAVLIK, DANIEL J 5164 STRATEMEYER DRIVE ORLANDO FL 32839		7. Name and Address of New Registered Agent Name Rebecca Pavlik Street Address (P.O. Box Number is Not Acceptable) 5164 Stratemeyer Dr. City Orlando FL Zip Code 32839	
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 <u>Rebecca Paulin</u> <u>Rebecca Pavlik, Mgrm.</u> DATE <u>4/4/06</u>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAVLIK, REBECCA 5164 STRATEMEYER DRIVE ORLANDO FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAVLIK, Rebecca Rudek 5164 stratemeyer Dr ORLANDO, FL 32839 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rebecca managing member ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAMMELL, Jennika 3047 ANCIENT OAK DR OCFEE, FL 34761 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAVLIK, JR, Daniel J. 1897 Broadcaster Circle OCFEE, FL 34761 ☐ 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 Section 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 prepare this report as required by Chapter 605, Florida Statutes. SIGNATURE: <u>Rebecca Paulin</u> <u>Rebecca Pavlik</u> <u>4/5/06</u> <u>407-423-4761</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) (Daytime Phone)			

add +
change all to managing member