

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050032

Entity Name: AJD ASSOCIATES, LLC.

FILED
Jun 24, 2008
Secretary of State

Current Principal Place of Business:

518 DOUGLAS AVENUE
SUITE 1216
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

518 DOUGLAS AVENUE
SUITE 1216
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-4965205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, JUDITH A
398 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

DIAZ, JUDITH A
3524 VESTAVIA WAY
LONGWOOD, FL 32779 US

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: JUDITH DIAZ

06/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAZ, JUDITH A
Address: 3524 VESTVIA WAY
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR () Delete
Name: DIAZ, ANDRE
Address: 398 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DIAZ, ANDRE
Address: 3524 VESTAVIA WAY
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH DIAZ

MGR

06/24/2008

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