

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000084127

1. Entity Name
AJOOOP LLC



Principal Place of Business

300 VILLAGE SQUARE CROSSING, SUITE 101
PALM BEACH GARDENS, FL 33410

Mailing Address

300 VILLAGE SQUARE CROSSING, SUITE 101
PALM BEACH GARDENS, FL 33410



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5493267

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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 reinstating)

DATE

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

000000832587
04/23/08-80072-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MADALA, RAVINDRA
STREET ADDRESS	300 VILLAGE SQUARE CROSSING, SUITE 101
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	KOTA, SUDHA J
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE:

Ravindra Madala

RAVINDRA MADALA

04/09/2008

561-745-3833