2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90037 040 ***138.75

DOCUMENT # L06000089897

1. Entity Name
AJL, LLC

Principal Place of Business	Mailing Address
251 SW HWY 1 JUPITER, FL 33455	6336 SE AMES WAY HOBE SOUND, FL 33455

60034711

01292008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5512107
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEFFEL, JANINE C
6336 SE AMES WAY
HOBE SOUND, FL 33455

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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 JANINE C LEFFEL Janine C Leffel MGR. 4/26/08
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEFFEL, AARON
STREET ADDRESS	6336 SE AMES WAY
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	MGRM
NAME	LEFFEL, JANINE C
STREET ADDRESS	6336 SE AMES WAY
CITY-ST-ZIP	HOBE SOUND, FL 33655
TITLE	--
NAME	
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CITY-ST-ZIP	

DO NOT WRITE 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 608, Florida Statutes.

SIGNATURE: Janine C Leffel JANINE C LEFFEL 4/26/08 561 818-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #