## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000018928

Entity Name: ATJK SERVICES, LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

850 N.W. FEDERAL HIGHWAY

117 STUART, FL 34994

Current Mailing Address:

**New Mailing Address:** 

P.O.BOX 881394

PORT ST. LUCIE, FL 34988

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

JONES, ELLEN A FLOYD, ALLEN 1892 ELROSE ST. 1892 ELROSE ST.

PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34952 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: ALLEN FLOYD 05/01/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: JONES, ELLEN A Name: FLOYD, ALLEN

Address: 106 HICKORY NUT GROVE LANE Address: 1892 S.W. ELROSE STREET City-St-Zip: CARY, IL 60013 City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 JONES, KAMREN
 Name:

 Address:
 106 HICKORY NUT GROVE LANE
 Address:

 City-St-Zip:
 CARY, IL 60013
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition Name: FLOYD, ALLEN Name: Address: 1892 S.W. ELROSE STREET Address:

City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 NELOMS, GLORIA
 Name:

 Address:
 650 S.W. LUCERO DRIVE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34983
 City-St-Zip:

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: ALLEN FLOYD MGMR 05/01/2008