



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90190 006 \*\*\*138.75

<b>DOCUMENT # L07000040212</b>											
<b>1. Entity Name</b> AJA CABLE COMMUNICATION, LLC											
<b>Principal Place of Business</b> 380 COLONADE CT KISSIMMEE, FL 34758 US			<b>Mailing Address</b> 380 COLONADE CT KISSIMMEE, FL 34758 US								
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">30010514</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <span>07162008</span> <span>Chg-LLC</span> <span>CR2E083 (12/06)</span> </div>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country								
<b>4. FEI Number</b> 20-8052326				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable				
Applied For											
Not Applicable											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  RODRIGUEZ, ANGEL O 380 COLONADE CT KISSIMMEE, FL 34758			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	<div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	<div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>										
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____											
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>							
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, ANGEL O 380 COLONADE CT KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Manager Sanira Colon 380 Colomade CT Kissimmee, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
<b>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.</b>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b> <i>Angel O Rodriguez</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 24pt; font-weight: bold; margin-bottom: 5px;">7/16/08</div> <small>Date</small> </div> </div>											