

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030966

Entity Name: AJD LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5240 STATE RD 84  
#5  
DAVIE, FL, 33314 US

**New Principal Place of Business:**

5240 STATE RD 84  
#5  
DAVIE, FL 33314 US

**Current Mailing Address:**

5240 STATE RD 84  
#5  
DAVIE, FL, 33314 US

**New Mailing Address:**

5240 STATE RD 84  
#5  
DAVIE, FL 33314 US

FEI Number: 65-2361693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTI, ANTHONY G  
3010 LAKEWOOD LA  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CONTI, ANTHONY G  
Address: 3010 LAKEWOOD LA  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM  
Name: HERERRA, JULIO  
Address: 10743 EDINBURGH ST  
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM  
Name: HOMAN, DENNIS F  
Address: 5022 DOWNING ST  
City-St-Zip: ORLANDO, FL 32839 US

I hereby 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: DENNIS F HOMAN

MGRM

04/30/2010

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