

L09600068949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

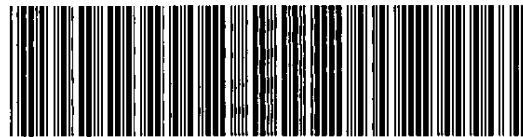
(Business Entity Name)

(Document Number)

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S. HAWKES

JUN 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2010

AARON HARA  
201 EAST 87TH STREET APT 10K  
NEW YORK, NY 10128

SUBJECT: AJH VENTURES LLC  
Ref. Number: L09000068949

We have received your document for AJH VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 510A00015481

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AJH Ventures LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Hara  
Name of Person

AJH Ventures LLC  
Firm/Company

201 East 87<sup>th</sup> Street  
Address  
Apt. 10K  
New York, NY 10128  
City/State and Zip Code

AJ-Hara@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Hara at (917) 723-9507  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**



\$25 Filing Fee



\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AJH Ventures LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

AARON HARA  
850 TOWNE  
CENTER DRIVE  
KISSIMMEE, FL  
34759

Aaron Hara

201 East 87th Street  
APT. 10K  
New York, NY 10128

SAME RA NAME &  
RA ADDRESS

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

AARON HARA

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00