

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043843

Entity Name: AJLS INVESTMENTS, LLC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1150 BEL AIRE DR W  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1150 BEL AIRE DR W  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 27-2431979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLISLE, LOUIS A  
1150 BEL AIRE DR W  
PEMBROKE PINES, FL 33027 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: CARLISLE, LOUIS A  
Address: 1150 BEL AIRE DR W  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM  
Name: GONZALEZ, ARIEL  
Address: 5061 SW 193 LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: MGRM  
Name: BOROWSKI, JOSEPH M  
Address: 431 SW 182 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MRGM  
Name: ARMENIA, SALVATORE  
Address: 5532 REFLECTIONS BLVD  
City-St-Zip: LUTZ, FL 33558

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: LOUIS CARLISLE

MGRM

03/09/2011

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