

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030242

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AJS COUNSELING SERVICES LLC

**Current Principal Place of Business:**

225 S SWOOPE AVE  
SUITE 110  
MAITLAND, FL 32751

**New Principal Place of Business:**

377 MAITLAND AVE  
SUITE 1006  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

225 S SWOOPE AVE  
SUITE 110  
MAITLAND, FL 32751

**New Mailing Address:**

377 MAITLAND AVE  
SUITE 1006  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 20-4835386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHEFSTAD, ANTHONY J  
225 S SWOOPE AVE  
SUITE 110  
MAITLAND, FL 32751 US

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

SCHEFSTAD, ANTHONY J  
377 MAITLAND AVE  
SUITE 1006  
ALTAMONTE SPRINGS, FL 32701 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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHEFSTAD, ANTHONY J  
Address: 377 MAITLAND AVE SUITE 1006  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ANTHONY J. SCHEFSTAD

OWNE

04/30/2012

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