

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000022523

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**8584110086CC**

**Entity Name:** AJB OF FLAGLER COUNTY, LLC

**Current Principal Place of Business:**

1760 N. U.S. HIGHWAY 1  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1 CREEK BEND WAY  
ORMOND BEACH, FL 32174

**FEI Number:** 20-0907275

**Certificate of Status Desired:** No

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

WEITE, JAMES E  
1 CREEK BEND WAY  
ORMOND BEACH, FL 32174 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BAYLOR, A W  
Address 1760 N. U.S. HIGHWAY 1  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name WEITE, JAMES E  
Address 1 CREEK BEND WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name PAGE, BRUCE E  
Address 1520 LAMBERT AVENUE  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES E WEITE

**MGR**

**02/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date