			/
s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-30		
HOPE	×		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
		any falling or refusing	
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc		
16-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>000113869</u>	2		
2. Exact Name of the Limited Liability Company <u>AJILON LLC</u>			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
•	e information on <u>NAICS</u> can be found	· · · ·	ownioad
<u>561320</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode	Island
COMPUTER CONSUL	TANTS		
5. Principal Office Addre	SS		
No. and Street: <u>10151</u>	DEERWOOD PARK BLVD.		
	<u>200, STE. 400</u>		
City or Town: JACKS	SONVILLE	State: <u>FL</u> Zip: <u>32256</u> Country	y: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact			
	DEERWOOD PARK BLVD. 200, STE. 400		
	<u>ONVILLE</u>	State: FL Zip: 32256 Count	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code,	Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 4 Day of October, 2017 at 9:51:59 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>GERALD ROBINSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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