

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000057995 1. Entity Name MJC EQUIPMENT, LLC	
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Principal Place of Business 1128 ROYAL PALM BEACH BLVD., #282 ROYAL PALM BEACH, FL 33411	Mailing Address 1128 ROYAL PALM BEACH BLVD., #282 ROYAL PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



04222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1524169	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHOQUETTE, COLLEEN 13472 COMPTON ROAD LOXAHATCHEE, FL 33470

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOQUETTE, JOHN 1128 ROYAL PALM BEACH BLVD., #282 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOQUETTE, COLLEEN 1128 ROYAL PALM BEACH BLVD., #282 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTIER, JACQUELINE 1128 ROYAL PALM BEACH BLVD., #282 ROYAL PALM BEACH, FL 33411
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05/23/08-80101-003 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **4/25/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #