

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087903

Entity Name: MAJESTIC FIVE, LLC**Current Principal Place of Business:**125 QUILL COVE
MADISON, MS 39110**Current Mailing Address:**125 QUILL COVE
MADISON, MS 39110 US**FEI Number:** 20-3431031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROWAN, DENISE HESQ.
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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	MGRM
Name	MOONEY, DONNA
Address	125 QUILL COVE
City-State-Zip:	MADISON MS 39110

Title	MGRM
Name	MOONEY, JOHN M
Address	125 QUILL COVE
City-State-Zip:	MADISON MS 39110

Title	MGRM
Name	HERLACHER, MARGARET
Address	1305 FLANDERS LANE
City-State-Zip:	MARYVILLE TN 37803

Title	MGRM
Name	WARD, LORI
Address	9732 WINDBURN
City-State-Zip:	PLANO TX 75025

Title	MGRM
Name	WARD, MICHAEL
Address	9732 WINDBURN
City-State-Zip:	PLANO TX 75025

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: JOHN MOONEY**MANAGER****01/18/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date