

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042311

Entity Name: MJ'S ACTIVITY AND RECREATION CENTER, LLC

Current Principal Place of Business:

3106 SHAMROCK NORTH
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 38337
TALLAHASSEE, FL 32315

FEI Number: 45-4199122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, KELVIN
3106 SHAMROCK NORTH
TALLAHASSEE, FL 32309 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 WHITE, MARY
Address PO BOX 38337
City-State-Zip: TALLAHASSEE FL 32315

Title MGRM
Name ANDERSON, KELVIN
Address 3106 SHAMROCK NORTH
City-State-Zip: TALLAHASSEE FL 32309

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: MARY WHITE

OWNER

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date