

**2014 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**

**04/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date