#### 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/15/2013

#### SIGNATURE: Electronic Signature of Registered Agent

SIGNATURE: MARY WHITE

Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	WHITE, MARY	Name	ANDERSON, KELVIN	
Address	PO BOX 38337	Address	3106 SHAMROCK NORTH	

P.O. BOX 38337

# FEI Number: 45-4199122

### Name and Address of Current Registered Agent:

ANDERSON, KELVIN 3106 SHAMROCK NORTH TALLAHASSEE, FL 32309 US

Ti Ν

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.

City-State-Zip:	TALLAHASSEE FL 32315	City-State-Zip:	TALLAHASSEE FL 32309

## 2013 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:**

TALLAHASSEE, FL 32315

OWNER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 15, 2013 Secretary of State CC8954365666

Date

Certificate of Status Desired: No