

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000180703

**Entity Name:** M & R ENTERPRISE (MAGIC RENOVATIONS), LIMITED LIABILITY COMPANY

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC5068755756**

**Current Principal Place of Business:**

193 HIDDEN SPRINGS CIRCLE  
KISSIMMEE, FL 34743

**Current Mailing Address:**

193 HIDDEN SPRINGS CIRCLE  
KISSIMMEE, FL 34743

**FEI Number:** 47-1986136

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ, MADELINE  
193 HIDDEN SPRINGS CIRCLE  
KISSIMMEE, FL 34743 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            AR  
Name            CARRASQUILLO, MIGUEL  
Address        2124 WALDEN PARK CIRCLE, APT.  
                  201  
City-State-Zip: KISSIMMEE FL 34744

Title            AMBR  
Name            LOPEZ, MADELINE  
Address        193 HIDDEN SPRINGS CIRCLE  
City-State-Zip: KISSIMMEE FL 34743

*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: MADELINE LOPEZ

AMBR

01/09/2015

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

\_\_\_\_\_  
Date