

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 AUG 24 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300108592023

DOCUMENT # L00000015867

1. Entity Name
MAJOR LC



Principal Place of Business

STE. 302, EAST BLDG. NO 34/20
CUBA AVE. & 34TH ST., PANAMA 5
REPUBLIC OF PANAMA, XX

Mailing Address

1220 N. MARKET STREET, SUITE 808
WILMINGTON, DE 19801

BK

DO NOT WRITE IN THIS SPACE

08242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SATURN INVESTMENT GROUP, S.A. #302 EAST BLDG. #34/20 CUBA AVE & 34TH PANAMA CITY 5, PANAMA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STAR GROUP FINANCE & HOLDINGS, INC. #302 EAST BLDG. #34/20 CUBA AVE & 34TH PANAMA CITY 5, PANAMA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

[Signature] Attorney-In-Fact of Member

8/24/07 302-421-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

L000000015867

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 08-24-07

NAME: MAJOR LC

TYPE OF FILING: 2007 ANNUAL REPORT

COST: \$50 + \$5= \$55

RETURN: GOOD STANDING

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

RECEIVED
07 AUG 24 PM 12:19
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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