


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-02-2004 90005 012 ****50.00

DOCUMENT # L01000016882

1. Entity Name
MAJIC SERVICES, LC



Principal Place of Business
**370 15TH ST S
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**370 15TH ST S
JACKSONVILLE BEACH, FL 32250**

34010546

2. Principal Place of Business
370 15TH AVENUE SOUTH
Suite, Apt. #, etc.
SUITE A
City & State
JACKSONVILLE BEACH FL

3. Mailing Address
370 15TH AVENUE SOUTH
Suite, Apt. #, etc.
SUITE A
City & State
JACKSONVILLE BEACH FL

Zip
32250 Country
USA

Zip
32250 Country
USA



08252004 Chg-LLC CR2E083 (10/03)

8. Name and Address of Current Registered Agent
**JOHNSTON, MICHAEL A
370 15TH ST S
JACKSONVILLE BEACH, FL 32250**

4. FEI Number
01-6181673

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Michael Johnston* **8-30-2004**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSTON, MICHAEL A 370 15TH ST S JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRES. JOHNSTON MICHAEL A 370 15TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA M KING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 136 INDIAN HAMMOCK LANE V.P. SEC. & TRES. PONTE VEDRA BEACH FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FARRELL FLEMING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26 COUNTRY CLUB DRIVE V.P. PORT WASHINGTON, NEW YORK 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID JOHNSTON MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 60 LAUREL STREET V.P. FLORAL PARK, NEW YORK 11001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN FONTANA <input checked="" type="checkbox"/> Delete 48 HURD STREET HUNTINGTON CT 06484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Johnston* **8-30-2004** **904-435-1040**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #



Attachment
34010546

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 3, 2004

MAJIC SERVICES, LC
370 15TH ST S
JACKSONVILLE BEACH, FL 32250

Subject: MAJIC SERVICES, LC

Reference Number: **L01000016882**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION