

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016882

FILED
Aug 08, 2007
Secretary of State

Entity Name: MAJIC SERVICES, LC

Current Principal Place of Business:

370 15TH AVENUE S
STE A
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

136 INDIAN HAMMOCK LANE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

370 15TH AVENUE S
STE A
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

136 INDIAN HAMMOCK LANE
PONTE VEDRA BEACH, FL 32082

FEI Number: 01-6181673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSTON, MICHAEL A
370 15TH ST S
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

JOHNSTON, MICHAEL A
136 INDIAN HAMMOCK LANE
PONTE VEDRA BEACH, FL 32082 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:

08/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSTON, MICHAEL A
Address: 370 15TH AVENUE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST () Delete
Name: KING, DONNA M
Address: 136 INDIAN HAMMOCK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: FLEMING, FARRELL
Address: 26 COUNTRY CLUB DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: VP () Delete
Name: JOHNSTON, DAVID
Address: 60 LAUREL STREET
City-St-Zip: FLORAL PARK, NY 11001

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSTON, MICHAEL A
Address: 136 INDIAN HAMMOCK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DONNA M. KING

ST

08/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date