

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000001318

1. Entity Name
MAJELIS, LLC



Principal Place of Business
**904 W WATERS AVE SUITE D
TAMPA, FL 33604**

Mailing Address
**PO BOX 485
SEFFNER, FL 33583**

DO NOT WRITE IN THIS SPACE

03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1161510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, ROBERT W
904 W WATERS AVE, SUITE D
TAMPA, FL 33604**

**DO NOT WRITE
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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------------------------------------------|-----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MONTEIRO, LIANNE 4708 W IDAHO TAMPA, FL 33616 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RICHARDS, EDITH J 106 LAKE DR WASHINGTON, NC 27889 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DAVIS, ME PO BOX 6885 SEFFNER, FL 33583 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ACKERT, SUE 9330 TRIANA TERR #1 FORT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000691800
04/13/07-80025-009 50.00

**DO NOT WRITE
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: M E Davis MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/07 813-655-9203
Date Daytime Phone #