2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State
05-03-2004 90111 044 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000001320

1. Entity Name

MAJELIS M, LLC

Principal Place of Business	Mailing Address
316 CALDWELL DR. SEFFNER FL 33584	~~316 CALDWELL DR. SEFFNER FL 33584~~

2. Principal Place of Business	3. Mailing Address
	PO BOX 485
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State: SEFFNER, FL
Zip / Country	Zip: 33583 Country: USA

4. FEI Number: 57-1148440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATERS, CODY W
501 E KENNEDY BLVD, STE 1700
TAMPA FL 33602

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member (D) Majelis LLC PO BOX 485 SEFFNER, FL 33583 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ME Davis, director ME Davis director April 27/04 (813) 655 9203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #