2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L03000001320

Entity Name: MAJELIS M, LLC

Current Principal Place of Business:

904 W WATERS AVE SUITE D
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

PO BOX 485
SEFFNER, FL 33583

New Mailing Address:

FEI Number: 57-1148440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete
Name: MAJELIS LLC
Address: PO BOX 485
City-St-Zip: SEFFNER, FL 33583

Title: MGRM ( ) Delete
Name: DAVIS, M E
Address: P.O. BOX 6885
City-St-Zip: SEFFNER, FL 33583

ADDITIONS/CHANGES:

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: M E DAVIS MGRM 03/31/2009

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