2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2004 8:00 am
Secretary of State
05-03-2004 90111 005 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000001322

1. Entity Name
MAJELIS R, LLC

Principal Place of Business	Mailing Address
316 CHADWELL DR. SEFFNER FL 33584	~~316 CHADWELL 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: 65-1174024 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATERS, CODY W 501 E KENNEDY BLVD, STE 1700 TAMPA FL 33602	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D Member Majelis, LLC PO Box 485 SEFFNER, FL 33583 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D M.E. DAVIS PO BOX 6885 SEFFNER, FL. 33583 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

M.E. DAVIS Member/Director X M.E. Davis - Member