



FILED
Mar 19, 2008 08:00 A
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L03000001322 1. Entity Name MAJELIS R, LLC</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 904 W WATERS AVE SUITE D TAMPA, FL 33604</div><div>Mailing Address PO BOX 485 SEFFNER, FL 33583</div></div>		<div style="text-align: right; font-size: 1.2em; margin-bottom: 10px;">Mar 19, 2008 08:00 Secretary of State</div> <div style="text-align: center; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;">02282008 No Chg-LLCCR2E083 (12/07)</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"><div>4. FEI Number 65-1174024</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$5.00 Additional Fee Required</div></div>																																							
DO NOT WRITE IN THIS SPACE																																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;">TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MAJELIS, LLC</td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 485</td></tr><tr><td>CITY- ST- ZIP</td><td>SEFFNER, FL 33583</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>DAVIS, M.E.</td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 8885</td></tr><tr><td>CITY- ST- ZIP</td><td>SEFFNER, FL 33583</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>	TITLE	D	NAME	MAJELIS, LLC	STREET ADDRESS	PO BOX 485	CITY- ST- ZIP	SEFFNER, FL 33583	TITLE	MGRM	NAME	DAVIS, M.E.	STREET ADDRESS	PO BOX 8885	CITY- ST- ZIP	SEFFNER, FL 33583	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE
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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.																																									
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u>M.E. Davis MGRM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></div><div style="text-align: right;"><div style="display: flex; justify-content: space-around;"><div><u>3-17-08</u> <small>Date</small></div><div><u>813-655-9263</u> <small>Daytime Phone #</small></div></div></div></div>																																									