

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001322

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: MAJELIS R, 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: 65-1174024

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: PO BOX 6885  
City-St-Zip: SEFFNER, FL 33583

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, M E  
Address: PO BOX 6885  
City-St-Zip: SEFFNER, FL 33583

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