

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000010218

1. Entity Name
MAJAC, LC



**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90051 011 ***138.75

00030490



04172008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 909 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572		Mailing Address 909 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 10603 Goolsby Ln Suite, Apt. #, etc.	
City & State RIVERVIEW FL		4. FEI Number 55-0823532	
Zip	Country US	Country US	Applied For Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGELIER, J. MAURICE 909 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572		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 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGELIER; MAURICE 909 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Jacqueline Langelier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/08 (813)741-0781

Date

Daytime Phone #