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Secretary of State
01-14-2005 90035 029 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1

DOCUMENT # L03000055235

1. Entity Name
MJM CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
4131 LOUIS AVENUE #13 HOLIDAY, FL 34691	4131 LOUIS AVENUE #13 HOLIDAY, FL 34691

30000400

DO NOT WRITE IN THIS SPACE

01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4271285

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIALOUSIS, RENEE
4131 LOUIS AVENUE
#13
HOLIDAY, FL 34691

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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)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM president
NAME	GIALOUSIS, RENEE'
STREET ADDRESS	4131 LOUIS AVENUE #13
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	member Vice President
NAME	Kalikantzaros, George
STREET ADDRESS	4131 Louis Ave #13
CITY-ST-ZIP	Holiday FL 34691
TITLE	member
NAME	Kalikantzaros, Irene
STREET ADDRESS	4131 Louis Ave, #13
CITY-ST-ZIP	Holiday, FL 34691
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

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.

SIGNATURE: Renee' Gialousis 1-405-727-9346

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #