

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030293**

1. Entity Name  
**MAJ DEVELOPMENT, LLC**



Principal Place of Business  
**23970 SUNCOAST BLVD.  
PORT CHARLOTTE, FL 33980**

Mailing Address  
**23970 SUNCOAST BLVD.  
PORT CHARLOTTE, FL 33980**



01112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1132219**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FILEMAN, GARY T  
1107 W. MARION AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000586833  
01/17/07-80009-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AMONTREE, MD, JAMES S. 23970 SUNCOAST BLVD. PORT CHARLOTTE, FL 33980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOOPEN, MOIDEN MD 2397 SUNCOAST BLVD. PORT CHARLOTTE, FL 33980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOSEPH, MD, SOVI 23970 SUNCOAST BLVD. PORT CHARLOTTE, FL 33980</b>
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 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:** \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_