

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L04000072508

1. Entity Name
MAJESTY DEVELOPERS, LLC



Principal Place of Business
924 N.E. 24TH STREET
OCALA, FL 34470

Mailing Address
924 N.E. 24TH STREET
OCALA, FL 34470



02292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2057149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ERWIN O
924 N.E. 24TH STREET
OCALA, FL 34470

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIVERA, ERWIN O
924 NE 24TH ST.
OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NORMAN, MARK C
5540 NE 2ND LANE
OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000848576
03/20/08-80023-020 138.75

**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:

Erwin O Rivera

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

3-4-08

Date

352/427-7005

Deputies Phone #