LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2005 8:00 am
Secretary of State
02-04-2005 90102 013 ****55.00

DOCUMENT # L04000090038

1. Entity Name
THE MAJC GROUP, LLC

20007664

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3495 HIGH RIDGE RD	3495 HIGH RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33426 Country: U.S.	Zip: 33426 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-2164661 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANK RODRIGUEZ JR.

Street Address (P.O. Box Number is Not Acceptable): 3495 HIGH RIDGE RD.

City: BOYNTON BEACH FL Zip Code: 33426

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: FRANK RODRIGUEZ JAN 31, 2005
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	FRANK RODRIGUEZ JR.
STREET ADDRESS	3495 HIGH RIDGE RD.
CITY-ST-ZIP	BOYNTON BCH, FL. 33426
TITLE	MGR
NAME	JAY M. GOLD
STREET ADDRESS	3495 HIGH RIDGE RD.
CITY-ST-ZIP	BOYNTON BCH, FL 33426
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NAME	
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CR2E083B (12/02)

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: FRANK RODRIGUEZ 1/31/05 954 978-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #