

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000012875

1. Entity Name
MAJ CONSULTING SERVICES, L.L.C.



Principal Place of Business
**3620 LAKE LAWNE AVE.
ORLANDO, FL 32808**

Mailing Address
**3620 LAKE LAWNE AVE.
ORLANDO, FL 32808**



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2154904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, MAMIE A
3620 LAKE LAWNE AVE.
ORLANDO, FL 32808**

**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	MGR
NAME	JONES, MAMIE A
STREET ADDRESS	3620 LAKE LAWNE AVE.
CITY-ST-ZIP	ORLANDO, FL 32808

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000917400
05/13/08-80040-015 138.75

**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: *Mamie Jones* **Mamie Jones**

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

4-20-08

Date

407 295-2154

Daytime Phone #