

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018736

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** MJC LLC

**Current Principal Place of Business:**

810 MILLSTREAM LANE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 731835  
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number:** 81-0665484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLIES, CHARLES J TRUSTEE  
810 MILLSTREAM LANE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHARLES J GILLIES RE, VOCABLE TRUST  
Address: 450 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHARLES J GILLIES RE, VOCABLE TRUST  
Address: 810 MILLSTREAM LANE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES J GILLIES MGRM TRUSTEE

MGRM

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date