

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033954

FILED
Apr 20, 2009
Secretary of State

Entity Name: MAJRPLAS, LLC

Current Principal Place of Business:

430 HARRISON AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

4425 MISTY LANE
LYNN HAVEN, FL 32444

Current Mailing Address:

430 HARRISON AVE
PANAMA CITY, FL 32401

New Mailing Address:

4425 MISTY LANE
LYNN HAVEN, FL 32444

FEI Number: 20-2713454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDLIN, JENNIFER
4425 MISTY LANE
LYNN HAVEN, FL 32444 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: MGR () Delete
Name: SANDLIN, JENNIFER
Address: 4425 MISTY LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR () Delete
Name: SANDLIN, RYAN
Address: 4425 MISTY LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: LONG, MARK
Address: 110 TWIN LAKES DRIVE
City-St-Zip: DOTHAN, AL 36301

Title: MGRM () Delete
Name: LONG, SUE
Address: 110 TWIN LAKES DRIVE
City-St-Zip: DOTHAN, AL 36301

Title: MGRM () Delete
Name: FULLER, ANDY
Address: 113 SAWGRASS DR
City-St-Zip: DOTHAN, AL 36303

Title: MGRM () Delete
Name: FULLER, TONY
Address: 9284 COLLINWOOD DRIVE
City-St-Zip: MIDLAND, GA 31820

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER F. SANDLIN

MGR

04/20/2009

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