

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90098 027 ***138.75

DOCUMENT # L05000079228		
1. Entity Name MJK, LLC		

Principal Place of Business 1235 SKIP WELLS COURT TALLAHASSEE, FL 32312	Mailing Address 1235 SKIP WELLS COURT TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 23-3290332	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
TOOLE, DANA G 2065 THOMASVILLE ROAD, SUITE 102 TALLAHASSEE, FL 32308	

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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.

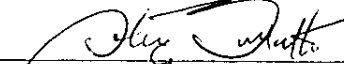
SIGNATURE _____ (Signature) _____ (Print Name) _____ (Date)

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

9. MANAGING MEMBERS/MANAGERS	
NAME YEALDHALL, MARK J	MGRM
STREET ADDRESS 1230 SKIP WELLS COURT	
CITY, ST, ZIP TALLAHASSEE, FL 32312	
NAME YEALDHALL, MARIA S	MGRM
STREET ADDRESS 1230 SKIP WELLS COURT	
CITY, ST, ZIP TALLAHASSEE, FL 32312	
NAME BURKETTE, JOHN	MGRM
STREET ADDRESS 1235 SKIP WELLS COURT	
CITY, ST, ZIP TALLAHASSEE, FL 32312	
NAME VOGTER, KAREN L	MGRM
STREET ADDRESS 1235 SKIP WELLS COURT	
CITY, ST, ZIP TALLAHASSEE, FL 32312	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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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 603, Florida Statutes.

SIGNATURE:  **JOHN E. BURKETTE** **1.25.08** **850.322.5719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Telephone/Fax #