


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90020 011 \*\*\*\*50.00

<b>DOCUMENT # L05000080603</b> 1. Entity Name <b>MJA CONSULTING, LLC</b>					
Principal Place of Business <b>5810 SCOTT LAKE HILLS BLVD. LAKELAND, FL 33813</b>			Mailing Address <b>5810 SCOTT LAKE HILLS BLVD. LAKELAND, FL 33813</b>		
2. Principal Place of Business <b>2031 E. Edgewood DR.</b>		3. Mailing Address <b>Suite # 1</b>			
Suite, Apt. #, etc. <b>Suite # 1</b>		Suite, Apt. #, etc. <b>Suite # 1</b>			
City & State <b>Lakeland, Florida</b>		City & State <b>Lakeland, Florida</b>			
Zip <b>33803</b>		Country <b>USA</b>		4. FEI Number <b>20-3237306</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JOACHIM, MICHAEL 5810 SCOTT LAKE HILLS BLVD. LAKELAND, FL 33813</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JOACHIM, MICHAEL 5810 SCOTT LAKE HILLS BLVD. LAKELAND, FL 33813</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/21/06 (863) 668-9009</b> <small>Date Daytime Phone #</small>		