

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # L05000087903

1. Entity Name
MAJESTIC FIVE, LLC



Principal Place of Business
**2217 CHASEFIELD DRIVE
PLANO, TX 75023**

Mailing Address
**2217 CHASEFIELD DRIVE
PLANO, TX 75023**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3431031

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROWAN, DENISE H ESQ.
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

**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

U00000792261
01/23/08-80108-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOONEY, DONNA
STREET ADDRESS	2217 CHASEFIELD DRIVE
CITY-ST-ZIP	PLANO, TX 75023
TITLE	MGRM
NAME	MOONEY, JOHN M
STREET ADDRESS	2217 CHASEFIELD DRIVE
CITY-ST-ZIP	PLANO, TX 75023
TITLE	MGRM
NAME	HERLACHER, MARGARET
STREET ADDRESS	1305 FLANDERS LANE
CITY-ST-ZIP	MARYVILLE, TN 37803
TITLE	MGRM
NAME	WARD, LORI
STREET ADDRESS	9732 WINDBURN
CITY-ST-ZIP	PLANO, TX 75025
TITLE	MGRM
NAME	WARD, MICHAEL
STREET ADDRESS	9732 WINDBURN
CITY-ST-ZIP	PLANO, TX 75025
TITLE	
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 608, Florida Statutes.

SIGNATURE: *John M. Mooney*

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

Date

Daytime Phone #

1/15/08 *(972) 344-3539*