

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90247 004 \*\*\*138.75

<b>DOCUMENT # L06000030986</b>					
<b>1. Entity Name</b> <b>MAJIK MAINTENANCE &amp; CONSTRUCTION LLC</b>					
<b>Principal Place of Business</b> 2810 OCEAN SHORE BLVD #2 ORMOND BEACH, FL 32176			<b>Mailing Address</b> PO BOX 1885 ORMOND BEACH, FL 32175		
<b>2. Principal Place of Business - No P.O. Box #</b> 2810 Oceanshore Blvd		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. #14		Suite, Apt. #, etc.			
City & State Ormond Beach FL		City & State		<b>4. FEI Number</b> 80-0134644	
Zip 32176		Country Volusia		Zip Country	
<b>6. Name and Address of Current Registered Agent</b> PELGER, MICHAEL W 2810 OCEAN SHORE BLVD #2 ORMOND BEACH, FL 32176				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 2810 Oceanshore Blvd	
				#14	
				City Ormond Beach FL	
Zip Code 32176					
<b>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.</b>					
SIGNATURE <u>Michael Pelger</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-1-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM PELGER, MICHAEL W 2810 OCEAN SHORE BLVD #2 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2810 Oceanshore Blvd #14 Ormond Beach FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM PELGER, KIMBERLY A 2810 OCEAN SHORE BLVD #2 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2810 Oceanshore Blvd #14 Ormond Beach FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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>					
<b>SIGNATURE:</b> <u>Michael Pelger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>3-1-08</u> <u>330-936-5578</u> <small>Daytime Phone #</small>	