

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90196 042 \*\*\*\*50.00

DOCUMENT # L06000041698

1. Entity Name

MAGIC PROCESS, LLC



Principal Place of Business

Mailing Address

2719 LAKE HOLDEN TERRACE  
ORLANDO FL 32806

2719 LAKE HOLDEN TERRACE  
ORLANDO FL 32806

2. Principal Place of Business - No P.O. Box #

1801 E. Colonial Dr.

3. Mailing Address

1801 E. Colonial Dr.

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

#105

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

USA

Zip

32803

Country

USA

4. FEI Number

20-4826996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

MCCANDLESS, GARY  
2719 LAKE HOLDEN TERRACE  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
MCCANDLESS, GARY  
STREET ADDRESS  
2719 LAKE HOLDEN TERRACE  
CITY- ST- ZIP  
ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
MGRM  
LYNCH, TIMOTHY  
STREET ADDRESS  
2719 LAKE HOLDEN TERRACE  
CITY- ST- ZIP  
ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☒ Change ☐ Addition  
111 Grove Hollow Ct.  
Sanford, FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Timothy Lynch*

1/28/07

407-541-0697

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

Date

Daytime Phone #