

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

03-11-2008 90128 007 ***143.75

DOCUMENT # L07000009075

1. Entity Name
MJA L.L.C.



Principal Place of Business
**527 CASCADE FALLS DRIVE
WESTON, FL 33327**

Mailing Address
**527 CASCADE FALLS DRIVE
WESTON, FL 33327**

30010391



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8793513

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVARADO, CARLOS
527 CASCADE FALLS DRIVE
WESTON, FL 33327**

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

M. Delucia Ph.D.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-08

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALVARADO, MERCEDES
527 CASCADE FALLS DRIVE
WESTON, FL 33327** ☐ Delete

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

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CITY-ST-ZIP
**MGRM
ALVARADO, CARLOS
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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.

SIGNATURE:

M. Delucia Ph.D.

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

7-7-08

Date

(954) 217-1843

Daytime Phone #



P.O. Box 8700
Tallahassee, Florida 32314

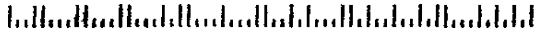
State of Florida
84321

8 MAR 1-08
JUL 7-08

ATTACHMENT
30010391

NOTICE OF INTENT TO DISSOLVE

0138300 01 AV 0.199 **AUTO T9 2 1203 33327-121427



MJA L.L.C.
527 CASCADE FALLS DRIVE
WESTON FL 33327-1214

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **L07000009075**

MJA L.L.C.
527 CASCADE FALLS DRIVE
WESTON FL 33327-1214

Note: This is not a change
to the address of record.



2008
CR2E095 - 2nd 3/08

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

CARLOS ALVARADO
MERCEDES J. ALVARADO
527 CASCADE FALLS DRIVE
WESTON, FL 33327

ATTACHMENT 300/0391 1898

DATE 3-3-08

03-4/630 FL
870

PAY TO THE
ORDER OF

Florida Department of State \$14375
One hundred forty three 875/100 →

DOLLARS

See back for
terms and conditions

Bank of America

Premier Banking

ACH R/T 002100277

WALLC.

[Signature]

⑆063000047⑆ 005486021103⑆4898

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ORG. FORM

DOCUMENT # L07000009075

1. Entity Name
MJA L.L.C.



ATTACHMENT

30010391

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WESTON, FL 33327

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03032008

Chg-LLC

CR2E083 (12/08)

4. FEI Number

20-8793513

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

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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

M. J. Alvarado

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3-3-08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$838.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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CITY-ST-ZIP
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527 CASCADE FALLS DRIVE
WESTON, FL 33327 ☐ Delete

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SIGNATURE:

M. J. Alvarado

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

3-3-08

DATE

(951) 2171943

Daytime Phone #

ATTN FLORIDA DEPARTMENT OF STATE

RE:

DOCUMENT # L070000009075

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

EI # # 20-8793513

MGRM
ALVARADO, MERCEDES
527 CASCADE FALLS DRIVE
WESTON, FL 33327
MGRM
ALVARADO, CARLOS

ATTACHMENT

30010391

"URGENT"

Pls.

UPDATE RECORDS

thxs. mpp.

MAILED TO:

Courier Address (overnight delivery)

Division of Corporations

2670 Executive Center Circle

Suite 100

Tallahassee, FL 32301

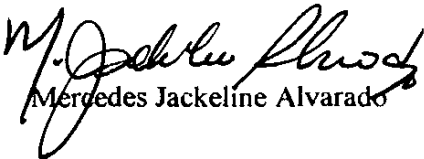
THIS IS IN REGARDS TO THE "NOTICE OF INTENT TO DISOLVE FORM"

FOR MISSING INFORMATION RECEIVED ON 07-05-08.

PLEASE BE ADVISED THAT:

- 1.- PAYMENT AND FORM WAS ORIGINALLY SENT ON 03-04-08 (CK# 1898 - \$143.75)
- 2.- BUT FORM WAS RETURNED FOR MISSING EI #,
- 3.- WE IMMEDIATELY RESENT THE FORM WITH CORRECT EI # 20-8793513 UPON RECEIPT OF NOTIFICATION
- 4.- ATTACHED IS THE FORM AGAIN WITH THE INFORMATION REQUESTED FOR YOUR RECORDS.

Thanks for updating this information asap.


Mercedes Jackeline Alvarado