

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L07000011962**

1. Entity Name  
**MAGIC MAIDS OF TALLAHASSEE LLC**



**FILED**

08 JAN 25 AM 9:05

*MK* SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
828 AMY STREET  
TALLAHASSEE, FL 32305

Mailing Address  
828 AMY STREET  
TALLAHASSEE, FL 32305

2. Principal Place of Business - No P.O. Box #  
*32 Santa Emma Ln*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

City & State  
*Crawfordville Florida*

City & State

Zip  
*32327*

Country

Zip

Country

01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SWAIN, JENNIFER  
828 AMY STREET  
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name *Jennifer Swain*

Street Address (P.O. Box Number is Not Acceptable)  
*32 Santa Emma Ln*

City *Crawfordville* FL Zip Code *32327*

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 *Jennifer Swain* DATE *1-25-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

*MK*

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SWAIN, JENNIFER	
STREET ADDRESS	828 AMY STREET	
CITY - ST - ZIP	TALLAHASSEE, FL 32305	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	GODWIN, WENDY	
STREET ADDRESS	828 AMY STREET	
CITY - ST - ZIP	TALLAHASSEE, FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700116364567	
CITY - ST - ZIP	01/29/08--01037--013 **138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Jennifer Swain* DATE *1-25-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #