

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000011962

1. Entity Name
MAGIC MAIDS OF TALLAHASSEE LLC



FILED

08 JAN 25 AM 9:05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SWAIN, JENNIFER
STREET ADDRESS 828 AMY STREET
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE MGRM ☒ Delete
NAME GODWIN, WENDY
STREET ADDRESS 828 AMY STREET
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700116364567
CITY-ST-ZIP 01/29/08--01037--013 **138.75

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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*

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

Date

Daytime Phone #

1-25-08