

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024357

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: THE MAJESTIC GROUP, LLC

**Current Principal Place of Business:**

331 IVES DAIRY RD  
#08  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

331 IVES DAIRY RD  
#08  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 26-7084131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONDESIR, JEFFY  
331 IVES DAIRY RD  
#08  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLIMON, RALPH R  
Address: 1001 NW 116 ST  
City-St-Zip: MIAMI, FL 33168

Title: MGRM ( ) Delete  
Name: MONDESIR, LEE  
Address: 331 IVES DAIRY RD #08  
City-St-Zip: MIAMI, FL 33179

Title: MGRM ( ) Delete  
Name: MONDESIR, JEFFY VAN  
Address: 331 IVES DAIRY RD #08  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFY MONDESIR

MR.

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date