

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026043

Entity Name: MAJESTIC MAIDS, LLC

FILED  
Apr 10, 2008  
Secretary of State

**Current Principal Place of Business:**

5010 AGUALINDA BLVD  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5010 AGUALINDA BLVD  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 51-0625134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRIMUS, SONYA M MS.  
5010 AGUALINDA BLVD  
CAPE CORAL, FL 33914 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: MGR ( ) Delete  
Name: PRIMUS, DANA S MS.  
Address: 5010 AGUALINDA BLVD  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PRIMUS, SONYA M MS.  
Address: 5010 AGUALINDA BLVD  
City-St-Zip: CAPE CORAL, FL 33914

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: SONYA M. PRIMUS

MGR

04/10/2008

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