2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# L08000115822

Entity Name: MAGIC BUILDING SERVICES, LLC

Current Principal Place of Business:

280 S. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

280 S. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Mailing Address:

PO BOX 522440
LONGWOOD, FL 32752

FEI Number: 26-3976072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOREIRA, STEVEN W
280 S. RONALD REAGAN BLVD.
LONGWOOD, FL 32750 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: MOREIRA, STEVEN W
Address: 280 S. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: PASSERELLI, FRED
Address: 280 S. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: PASSERELLI, FRED
Address: 280 S. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

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: STEVEN W.MOREIRA MR 05/08/2009

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