

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000042311

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** MJ'S ACTIVITY AND RECREATION CENTER, LLC

**Current Principal Place of Business:**

3106 SHAMROCK NORTH  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3106 SHAMROCK NORTH  
TALLAHASSEE, FL 32309

**New Mailing Address:**

P.O. BOX 38337  
TALLAHASSEE, FL 32315

**FEI Number:** 45-4199122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, KELVIN  
214 NORTH LOWE STREET  
QUINCY, FL 32351 US

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

ANDERSON, KELVIN  
3106 SHAMROCK NORTH  
TALLAHASSEE, FL 32309 US

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

01/24/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHITE, MARY  
Address: PO BOX 38337  
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGRM  
Name: ANDERSON, KELVIN  
Address: 3106 SHAMROCK NORTH  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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: MARY WHITE

OWNE

01/24/2012

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