

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091790

**Entity Name:** MAJCK, LLC

**Current Principal Place of Business:**

6649 CR 150  
WILDWOOD, FL 34785

**Current Mailing Address:**

6649 CR 150  
WILDWOOD, FL 34785

**FEI Number:** 20-3142336

**Certificate of Status Desired:** No

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

VAN RIDER, JEFFREY F  
6649 CR 150  
WILDWOOD, FL 34785 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

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	VAN RIDER, JEFFREY F	Name	VAN RIDER, MARY LEA
Address	6649 CR 150	Address	6649 CR 150
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY F. VAN RIDER

**MGR**

**04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date