

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000086570

Entity Name: MAGICAR TECH LLC

Current Principal Place of Business:

2842 O'CONNELL DR
KISSIMMEE, FL 34741

Current Mailing Address:

2842 O'CONNELL DR
KISSIMMEE, FL 34741 US

FEI Number: 38-3910638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUZA CAVALCANTE, PATRICIA F
2842 O'CONNELL DR
KISSIMMEE, FL 34741 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 MGRM
Name CAVALCANTE, REUBEN
Address RUA DEP. BALDUINO M DE
CARAVALHO, 155/304
City-State-Zip: JOAO PESSOA PB 58036--860

Title MG
Name SOUZA CAVALCANTE, PATRICIA F
Address RUA DEP. BALDUINO M DE
CARAVALHO, 155/304
City-State-Zip: JOAO PESSOA PB 58036--860

Title MGRM
Name ARAUJO, JOAO VITOR G
Address RUA FRANCISCO FLORENCIO DA
COSTA 700
City-State-Zip: JOAO PESSOA PB 58041--150

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: REUBEN CAVALCANTE

MGRM

02/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date