

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000204536

**Entity Name:** MAJESTICB405,LLC

**Current Principal Place of Business:**

1200 SCENIC GULF DRIVE  
B405  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

17659 WILDRIDGE DRIVE  
CHESTERFIELD, MO 63005

**FEI Number:** 82-3043546

**Certificate of Status Desired:** No

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

DE SIMON, TRACEY  
17659 WILDRIDGE DR  
CHESTERFIELD, FL 63005 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	AR
Name	DE SIMON, TRACEY	Name	DE SIMON, GABRIEL
Address	17659 WILDRIDGE DRIVE	Address	17659 WILDRIDGE DRIVE
City-State-Zip:	CHESTERFIELD MO 63005	City-State-Zip:	CHESTERFIELD MO 63005

*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:** TRACEY DE SIMON

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date