

L10000122159

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

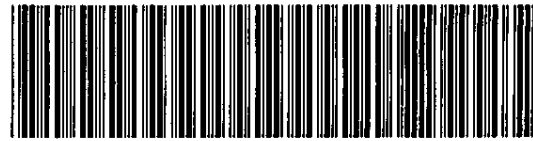
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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T. CLINE

DEC 30 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2011

DORYS MCALLISE  
7222 SPIKERUSH LANE  
WINTER GARDEN, FL 34787

SUBJECT: MAXIMA PRODUCTIONS C.A. LLC  
Ref. Number: L10000122159

We have received your document for MAXIMA PRODUCTIONS C.A. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 111A00028382

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAXIMA PRODUCTIONS C.A. LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORYS McALLISE  
Name of Person

BUSINESS CONSULTING & SOLUTIONS INC.  
Firm/Company

7222 SPIKERUSH LANE  
Address

WINTER GARDEN FLORIDA 34787  
City/State and Zip Code

DMACCOUNTING2001@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORYS McALLISE at ( 407 ) 656-5015  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2011 DEC 28 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: MAXIMA PRODUCTIONS C.A. LLC

2. (a) Principal office address of limited liability company: 7704 INDIAN RIDGE TRIAL KISSIMMEE FL 34747

**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 7704 INDIAN RIDGE TRIAL SOUTH

**(Note: MAY BE POST OFFICE BOX)**

KISSIMMEE FL 34747

11/24/2010

L10000122159

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MURILLO MARIA

Registered Office Address:

7704 INDIAN RIDGE TRIAL SOUTH  
KISSIMMEE FL 34747

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:**

JORGE ERNESTO MUJAKA-OUSTA


**NEW Registered Office Address:**

7704 INDIAN RIDGE TRIAL SOUTH

**(MUST BE FLORIDA STREET ADDRESS)**

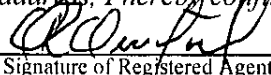
KISSIMMEE FL 34747

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

JORGE ERNESTO MUJAKA-OUSTA  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00**

SECRETARY  
2011 DEC 28 4:31 PM  
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TALLAHASSEE  
FL 32314