


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90181 044 ***150.00

DOCUMENT # L99000000303

1. Entity Name
SERVICE MAX-A RETAIL TEAM, L.L.C.




Principal Place of Business: **1311 NEWPORT CENTER DRIVE WEST, SUITE B DEERFIELD BEACH, FL 33442**

Mailing Address: **1311 NEWPORT CENTER DRIVE WEST, SUITE B DEERFIELD BEACH, FL 33442**

DO NOT WRITE IN THIS SPACE

20023557



01292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3632796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required.	

6. Name and Address of Current Registered Agent

HIMES, RAY
1311 NEWPORT CENTER DRIVE WEST, SUITE B
DEERFIELD BEACH, FL 33442

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCHMANN, HOWARD 14 RIDGE DRIVE EAST GREAT NECK, NY
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Howard Hirschmann* General Manager *General Manager* ✓ 2/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____