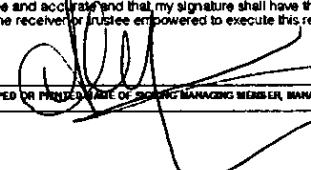


2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30066603

DOCUMENT # L02000007853			
1. Entity Name FRESHMAXX, LLC			
Principal Place of Business 3028 N.W. 72ND AVENUE MIAMI, FL 33122		Mailing Address 3028 N.W. 72ND AVENUE MIAMI, FL 33122	
2. Principal Place of Business 2011 N.W. 70th Avenue Suite, Apt. #, etc.		3. Mailing Address 201 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 2000	
City & State Miami, Florida Zip 33122 Country		City & State Miami, Florida Zip 33131 Country USA	
4. FEI Number 75-3040708		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ KIRKPATRICK & LOCKHART, LLP 201 S BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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's signature required when re-electing)			
FILE NOW!!! FEE IS \$50.00! Mail Check Payable to: Florida Department of State Due By: May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Mgr. Anette Yelin 2011 N.W. 70th Avenue Miami, Florida 33122	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Mgr. Jose T. Valdes 2011 N.W. 70th Avenue Miami, Florida 33122	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Mgr. Samuel Yelin 2011 N.W. 70th Avenue Miami, Florida 33122	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
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 		Date Daytime Phone #	