

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006407

Entity Name: PHYMAX, LLC**Current Principal Place of Business:**513 POINSETTIA ROAD
MELBOURNE BEACH, FL 32951**Current Mailing Address:**513 POINSETTIA ROAD
MELBOURNE BEACH, FL 32951 US**FEI Number:** 26-1771143**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAMBERLAIN, STEVEN M
520 SE FORT KING STREET
STE B3
OCALA, FL 34471 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 BRYAN, THOMAS JJR.
Address 513 POINSETTIA ROAD
City-State-Zip: MELBOURNE BEACH FL 32951

Title MGRM
Name BRYAN, SANDRA G
Address 513 POINSETTIA ROAD
City-State-Zip: MELBOURNE BEACH FL 32951

Title MGRM
Name BRYAN, THOMAS JJR
Address 513 POINSETTIA ROAD
City-State-Zip: MELBOURNE BEACH - 32951

Title MGRM
Name BRYAN, THOMAS JJR
Address 513 POINSETTIA ROAD
City-State-Zip: MELBOURNE BEACH - 32951

Title MGRM
Name BRYAN, THOMAS JJR
Address 513 POINSETTIA ROAD
City-State-Zip: MELBOURNE BEACH - 32951

Title MGRM
Name BRYAN, THOMAS JJR
Address 513 POINSETTIA ROAD
City-State-Zip: MELBOURNE BEACH - 32951

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: THOMAS BRYAN**DIRECTOR****02/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date