## 2013 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

**FILED** Jun 25, 2013

**Secretary of State** 

CC6920389247

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

Name BRYAN, THOMAS JJR. Name BRYAN, SANDRA G Address 513 POINSETTIA ROAD Address 513 POINSETTIA ROAD

MELBOURNE BEACH FL 32951 City-State-Zip: City-State-Zip: MELBOURNE BEACH FL 32951

Title **MGRM** Title MGRM

BRYAN, THOMAS JJR Name Name BRYAN, THOMAS JJR Address 513 POINSETTIA ROAD Address 513 POINSETTIA ROAD

MELBOURNE BEACH - 32951 City-State-Zip: MELBOURNE BEACH - 32951 City-State-Zip:

Title **MGRM** Title **MGRM** 

BRYAN, THOMAS JJR Name Name BRYAN, THOMAS JJR Address 513 POINSETTIA ROAD Address 513 POINSETTIA ROAD

City-State-Zip: MELBOURNE BEACH - 32951 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS BRYAN JR.

**MGRM** 

06/25/2013