

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

1.10

DOCUMENT # 600000000164

1. Entity Name

Maximilian Design Furniture, LLC

FILED

Nov 27, 2002 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5310 NE 31 Ave

Suite, Apt. #, etc.

3. Mailing Address

5310 NE 31 Ave.

Suite, Apt. #, etc.

000009209670

11/25/02--01089--008 **50.00

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

Zip 33308

Country US

City & State

Ft. Lauderdale, FL

Zip 33308

Country US

4. FEI Number

65-0970758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gilles Alix

Street Address (P.O. Box Number is Not Acceptable)

5310 NE 31 Ave.

City Ft. Lauderdale

FL

Zip Code

33308

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Gilles Alix MGRM

11-6-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Gilles Alix
STREET ADDRESS 5310 NE 31 Ave
CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Martha Martinez
STREET ADDRESS 5310 NE 31 Ave
CITY-ST-ZIP Ft. Lauderdale, FL 33308

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IN THIS SPACE**

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:

Gilles Alix

11-6-02

954-924-4460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

L00000000164

2 of 2

Maximilian Design Furniture, LLC
5310 NE 31st Avenue
Ft. Lauderdale, FL 33308

11-06-02

Florida Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: L00000000164

To Whom It May Concern:

It has just come to my attention that my company has been dissolved for not filing its 2002 UBR.

My mailing address has changed, and I never received my renewal form.

Enclosed is a blank report that I have filled out along with a check for \$50.00 to cover the filing fee for this year.

Please reinstate my company and update my information.

Thank you,


Gilles Alix
Managing Member

FILED
02 NOV 25 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA