

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019677 AF

DOCUMENT # L00000006360

1. Entity Name

DIMAXX OF AMERICA, L.L.C.

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1850 BOYSCOUT DRIVE, UNIT 106  
FORT MYERS FL 33907

Mailing Address

1850 BOYSCOUT DRIVE, UNIT 106  
FORT MYERS FL 33907

2. Principal Place of Business

1717 S.E. 6<sup>th</sup> Terr.

Suite, Apt. #, etc.

3. Mailing Address

1717 SE 6<sup>th</sup> Terr.

Suite, Apt. #, etc.

City & State

CC, FL

Zip

33990

Country

US

City & State

Cape Coral, FL

Zip

33990

Country

US

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R

1105 CAPE CORAL PARKWAY, SUITE C  
CAPE CORAL FL 33904

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME *President Theodore Wertz (WERTZ)* ☐ Delete  
STREET ADDRESS *1717 SE 6<sup>th</sup> Terr.*  
CITY-ST-ZIP *Cape Coral, FL 33990*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Theodore Wertz*

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

3/23/07

Date

941 458-2600

Daytime Phone #

CR2E083 (11/00)