

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90082 012 ***155.00

DOCUMENT # L00000010153

1. Entity Name

MAXIM LLC

Principal Place of Business

**25 PELICAN COURT
 PALM COAST FL 32137**

Mailing Address

**25 PELICAN COURT
 PALM COAST FL 32137**

2. Principal Place of Business

25 PELICAN COURT

3. Mailing Address

25 PELICAN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM COAST, FL

City & State

PALM COAST FL

4. FEI Number

22-3750164

Applied For

Not Applicable

Zip

Country

32137 USA

Zip

Country

32137 USA

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORLOV, ALEXANDER
 25 PELICAN COURT
 PALM COAST FL 32137**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **ORLOV, ALEXANDER**
 STREET ADDRESS **25 PELICAN COURT**
 CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

SIGNATURE

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

01/28/2002 1-386-4470617
 Date Daytime Phone #

CR2E083 (9/01)