

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012335

1. Entity Name
CHINA MAX OF QUINTARD, LLC



Principal Place of Business
3421 N. LAKEVIEW DRIVE
TAMPA, FL 33618

Mailing Address
3421 N. LAKEVIEW DRIVE
TAMPA, FL 33618

FILED
Apr 30, 2007 08:00 AM
Secretary of State



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABAS, BOBBY
3421 N. LAKEVIEW DRIVE
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MM
NAME	SABAS VENTURES LLC
STREET ADDRESS	3421 N LAKEVIEW DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	MM
NAME	VINOY 1936 MANAGEMENT LLC
STREET ADDRESS	3421 N LAKEVIEW DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	MM
NAME	ZHI, ZHANG
STREET ADDRESS	1716 HILLYER ROBINSON PKWY APT 169
CITY-ST-ZIP	OXFORD, AL 36203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000745339
05/16/07-80025-007 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/07

Date

813-983-0995

Daytime Phone #