

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90096 020 \*\*\*138.75

**DOCUMENT # L01000007403**

1. Entity Name  
**MAXAMILLION MORTGAGE, LLC**



Principal Place of Business Mailing Address  
**7684 WEST COUNTY HIGHWAY 30 A** **7684 WEST COUNTY HIGHWAY 30 A**  
**SANTA ROSA BEACH, FL 32459** **SANTA ROSA BEACH, FL 32459**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**01-0592884**

Applied For  
Not Applicable

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

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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. 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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SCOTHORN, STEWART D PRES  
STREET ADDRESS 180 POINCIANA BLVD  
CITY-ST-ZIP DESTIN, FL 32550

TITLE ☒ Change ☐ Addition  
NAME **7684 WEST COUNTY HIGHWAY 30A**  
STREET ADDRESS **SANTA ROSA BEACH, FL 32459**  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME SCOTHORN, STEWART D PRES  
STREET ADDRESS 5676 HWY 2 WEST  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

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

TITLE CEO ☐ Delete  
NAME SCOTHORN, DONALD L  
STREET ADDRESS 1457 BAYTORNE AVE EAST  
CITY-ST-ZIP DESTIN, FL 32550

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

TITLE MGR ☐ Delete  
NAME BLANTON, GLYNDA G VP  
STREET ADDRESS 180 POINCIANA BLVD  
CITY-ST-ZIP DESTIN, FL 32550

TITLE ☒ Change ☐ Addition  
NAME **7684 WEST COUNTY HIGHWAY 30A**  
STREET ADDRESS **SANTA ROSA BEACH, FL 32459**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:** *Donald L. Scethorn* **DONALD L. SCETHORN CEO** **2/1/08** **850-267-3230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #