

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90104 001 ****55.00

DOCUMENT # L01000013874

1. Entity Name

MOMAX BOUTIQUE, L.L.C.



Principal Place of Business

12097 OAKVISTA DR
BOYNTON BEACH FL 33437

Mailing Address

12097 OAKVISTA DR
BOYNTON BEACH FL 33437

24081769



MOORE

CR2E083 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1128498

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROTH, CARLA D
12097 OAKVISTA DR
BOCA RATON FL 33487

Name

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

City

Boynton Beach

FL

Zip Code

33437

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

Carla D. Roth

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 Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
ROTH, CARLA D
12047 OAKVISTA DR
BOYNTON BEACH FL 33437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12097 Oakvista Dr.

☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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☐ Change ☐ Addition

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:

Carla D. Roth

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

Date

Daytime Phone #

8-24-04 561-734-5198