

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90997 014 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015968

1. Entity Name

MAXXUM PROPERTIES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16940 BAY ST, # 307 N

Suite, Apt. #, etc.

3. Mailing Address

16940 BAY STREET

Suite, Apt. #, etc.

307N

DO NOT WRITE IN THIS SPACE

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

65-1140081

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33477

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FERNAND LAMOTHE

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

1401 DEWEY STREET

City

HOLLYWOOD

FL

Zip Code

33020

**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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
MGR	ARMAND LEMAIRE	16940 BAY STREET # 307N	JUPITER, FL 33477
MGR	DENISE LEMAIRE	1690 BAY STREET # 307N	JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

ARMAND LEMAIRE

4/17/2003

54-5922303

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

Date

Daytime Phone #