

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90332 023 \*\*\*\*50.00

DOCUMENT # L02000000458

1. Entity Name  
MAX WAREHOUSING, L.L.C.



Principal Place of Business  
C/O MCELVANEY  
CARROWKEEL CASTLESHANE  
COUNTY MONAGHAN, 00 IRELA-ND 00

Mailing Address  
C/O MCELVANEY  
CARROWKEEL CASTLESHANE  
COUNTY MONAGHAN, 00 IRELA-ND 00

24040060



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
04-3587924  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
KENNEY, THERESA M  
10110 SAN JOSE BLVD.  
C/O FORD, JETER, BOWLUS, DUSS, MORGAN  
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLARNEY TOWERS OF JACKSONVILLE, INC. CARROWKEEL CASTLESHANE COUNTY MONAGHAN, 00 IRELAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sean McElvaney April 1, 2004 Sean McElvaney, Managing member

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

Date

Daytime Phone #