

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90016 042 ****50.00

DOCUMENT # L02000001139

1. Entity Name
MAXIMILLIAN MARKETING LLC



Principal Place of Business
**14001 63RD WAY N
CLEARWATER, FL 33760**

Mailing Address
**14001 63RD WAY N
CLEARWATER, FL 33760**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
30-0026616

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGINTY, A. EDWARD
BANK OF AMERICA
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROIX, SCOTT G
14001 63RD WAY N
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
POITRAS, ROBERT
14001 63RD WAY N
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: _____

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

Robert Poitras
1/12/04

Date

727-533-8730

Daytime Phone #