

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019706	
1. Entity Name MAXWELL HOLDINGS GROUP, L.L.C.	

Principal Place of Business 6184 COCOS DRIVE FORT MYERS, FL 33908	Mailing Address 6184 COCOS DRIVE FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



03202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4214405	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent VIGNE, ROBERT A 6184 COCOS DRIVE FORT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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

1000000104876
04/07/04-80003-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VIGNE, ROBERT 6184 COCOS DR. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VIGNE, DAVID J 4209 NW 26TH ST CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIGNE, RICHARD U 1337 BRADFORD RD FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(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 A Vigne

Date

3-24-04 239-939-4313

Dynamic Phone #