


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 023 ****50.00

DOCUMENT # L02000027975	
1. Entity Name WEALTH MAXIMIZATION STRATEGIES, L.L.C.	

Principal Place of Business 1250 W. EAU GALLIE BLVD., STE. K MELBOURNE, FL 32935	Mailing Address 1250 W. EAU GALLIE BLVD., STE. K MELBOURNE, FL 32935
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 33937 Suite, Apt. #, etc.
City & State	City & State Indian Lake, FL
Zip 32903	Country US

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
83-0340081

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

6. Name and Address of Current Registered Agent

**JONES, RICHARD O
1250 W. EAU GALLIE BLVD., STE. K
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

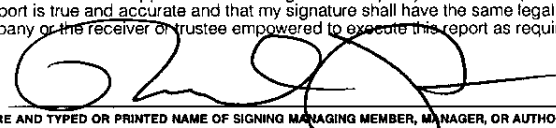
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, RICHARD O 1250 W. EAU GALLIE BLVD., STE. K MELBOURNE, FL 32935 <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:  **8/9/04** **(321) 253340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #