

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90170 024 ****50.00

60014053



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2301491 Applied For Not Applicable

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

DOCUMENT # L02000029350
1. Entity Name
MAXIMUM HOLDINGS, LLC



Principal Place of Business 803 SOUTHWEST 1ST AVE. OCALA, FL 34474
Mailing Address 803 SOUTHWEST 1ST AVE. OCALA, FL 34474

2. Principal Place of Business 2801 SE 1st Avenue Suite 101 Ocala, Florida 34471 USA
3. Mailing Address 2801 SE 1st Avenue Suite 101 Ocala, Florida 34471 USA

6. Name and Address of Current Registered Agent
DELCHARCO, MANUEL F JR.
803 SOUTHWEST 1ST AVE.
OCALA, FL 34474

7. Name and Address of New Registered Agent
Name Delcharco, Manuel F. JR.
Street Address (P.O. Box Number is Not Acceptable) 2801 SE 1st Avenue
Suite 101
City Ocala FL Zip Code 34471

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, 2006
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME DELCHARCO, MANUEL F JR. STREET ADDRESS 803 SOUTHWEST 1ST AVE. CITY-ST-ZIP OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE MGR NAME Delcharco, manuel F. JR. STREET ADDRESS 2801 SE 1st Avenue, Suite 101 CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #