4/29/2

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-29-2004 90060 006 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033801

1. Entity Name
ENVIROMAX, LLC

Principal Place of Business	Mailing Address
3325 ADDISON DR. PENSACOLA, FL 32514	3325 ADDISON DR. PENSACOLA, FL 32514

34008157

01132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
5689 Industrial Blvd		5689 Industrial Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Milton, FL		City & State: Milton, FL	
Zip: 32583	Country: USA	Zip: 32583	Country: USA

4. FEI Number 20-0219201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LITVAK, KRAMER A
220 W. GARDEN ST., STE 606
PENSACOLA, FL 32501

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 ______ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ Managing Member John Myslak 5689 Industrial Blvd Milton, FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ Managing member Brad Davis 5689 Industrial Blvd Milton, FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4-24-04 850-477-1557

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