

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

03-12-2004 90228 003 ****50.00

DOCUMENT # L03000036168 1. Entity Name B-MAX INVESTMENTS, LLC.			
Principal Place of Business 1000 PONCE DE LEON BLVD. SUITE: 328 CORAL GABLES FL 33134 US		Mailing Address 1000 PONCE DE LEON BLVD. SUITE: 328 CORAL GABLES FL 33134 US	
2. Principal Place of Business 1000 Ponce de Leon Blvd Suite, Apt. #, etc. Suite - 329 City & State Coral Gables Florida Zip 33134 Country USA		3. Mailing Address 1000 Ponce de Leon Blvd Suite, Apt. #, etc. Suite - 329 City & State Coral Gables Florida Zip 33134 Country USA	
4. FEI Number 20-0287767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent SOTO GARCIA, NANCY 1000 PONCE DE LEON BLVD. SUITE: 328 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR SOTO GARCIA, NANCY 1000 PONCE DE LEON BLVD. SUITE: 328 CORAL GABLES FL 33134	<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 MGR DUARTE, EDGAR M 1000 PONCE DE LEON BLVD. SUITE: 328 CORAL GABLES FL 33134	<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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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: <i>Nancy S Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 04-26-04 <small>Daytime Phone #</small>	