

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000039342

1. Entity Name  
COURTNEY MAX, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 13 AM 11:12

Principal Place of Business  
478 E. ALTAMONTE DRIVE  
SUITE 108, PMB 510  
ALATAMONTE SPRINGS, FL 32701

Mailing Address  
478 E. ALTAMONTE DRIVE  
SUITE 108, PMB 510  
ALATAMONTE SPRINGS, FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0551386

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, STEPHEN M  
725 N. MAGNOLIA AVE.  
ORLANDO, FL 32803

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME HATCH, COURTNEY  
STREET ADDRESS 478 E ALTAMONTE DR STE 108 PMB 510  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE MGRM ☐ Change ☒ Addition  
NAME Allen, Tyler A.  
STREET ADDRESS 478 E. Altamonte Dr., Suite 108 PMB 510  
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/T ☐ Change ☒ Addition  
NAME Ramirez, Ramona  
STREET ADDRESS 478 E. Altamonte Dr., Suite 108 PMB 510  
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tyler A. Allen, Managing Member

8/10/05

Date

Daytime Phone #