

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90567 045 ****50.00

DOCUMENT # L03000039402

1. Entity Name

RENTAL MAX, LLC



Principal Place of Business

4590 HIGHWAY 20
NICEVILLE FL 32578

Mailing Address

P.O. BOX 5244
NICEVILLE FL 32578

2. Principal Place of Business

127 Griffin Blvd

Suite, Apt. #, etc.

3. Mailing Address

127 Griffin Blvd

Suite, Apt. #, etc.

City & State

Panama City Beach, FL 32413

Zip
32413

Country

BA4

City & State

Panama City Beach, FL

Zip
32413

Country

BA4

4. FEI Number

20-0428056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUFF, CHANDLER
4590 HIGHWAY 20
NICEVILLE FL 32578

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☒ Delete
MGR
HUFF, CHANDLER
4590 HIGHWAY 20
NICEVILLE FL 32578

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
MGR
Scherzinger, JOE R.
127 Griffin Blvd
Panama City Beach, FL 32413

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ 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:

Joe R. Scherzinger JOE R. Scherzinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/10/04

Date

850-338-0133

Daytime Phone #