

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000041695

1. Entity Name  
TAXMAX, L.L.C.



Principal Place of Business  
4289 ST. ANDREWS ST.  
MARIANNA, FL 32446

Mailing Address  
P.O. BOX 6183  
TALLAHASSEE, FL 32314-6183

BK

FILED  
05 SEP -6 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



05312005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3707059

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

EDWARDS, GERALD D  
2834 BOATNER ST.  
TALLAHASSEE, FL 32310

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, GERALD D 2834 BOATNER ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUDU, JONATHAN 5639 CYPRESS CIRCLE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000059460900  
09/08/05--01055--016 \*\*\$50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/6/05 850/555-0024