

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044378

1. Entity Name

MAXIMUM DECKS, LLC.



Principal Place of Business

108 SPARROW TRAIL
PALATKA FL 32177
US

Mailing Address

108 SPARROW TRAIL
PALATKA FL 32177
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-6468908

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

VOLLENDROFF, MAX E
108 SPARROW TRAIL
PALATKA FL 32177

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 MPX VOLLENDROFF

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7 23 07

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME VOLLENDROFF, MAX E
STREET ADDRESS 108 SPARROW TRAIL
CITY - ST - ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
000000770704
07/27/07-80004-005 50.00

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Chapter 119, 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: MPX VOLLENDROFF

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

Date

Daytime Phone #

MAX VOLLENDROFF 7 23 07 937-4498 (386)