

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021653

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** CHAMAX, LLC

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:** 20-0889408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PETER A MCFARLANE PA  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MAXWELL, LAWRENCE W  
**Address:** 500 SOUTH FLORIDA AVENUE  
**City-St-Zip:** LAKELAND, FL 33801 US

**Title:** MGR  
**Name:** CHAPMAN, TOM R  
**Address:** 14550 58TH STREET NORTH  
**City-St-Zip:** CLEARWATER, FL 33760 US

**Title:** VP  
**Name:** SCHREIBER, MARK E  
**Address:** 500 SOUTH FLORIDA AVENUE, SUITE 700  
**City-St-Zip:** LAKELAND, FL 33801 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LAWRENCE W MAXWELL

MGR

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date