


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90369 034 ****50.00

| | |
|--------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000029171 |  |
|--------------------------------|-----------------------------------------------------------------------------------|

1. Entity Name
MAXDU PROPERTIES, LLC

Principal Place of Business
18530 SW 52ND ST
MIRAMAR, FL 33029 US

Mailing Address
18530 SW 52ND ST
MIRAMAR, FL 33029 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-1011166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, JOSE EDUARDO
18530 SW 52ND ST
MIRAMAR, FL 33029

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | PEREIRA, JOSE EDUARDO | |
| STREET ADDRESS | 18530 SW 52ND ST | |
| CITY - ST - ZIP | MIRAMAR, FL 33029 | |

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | TIAGO, MARCIA | |
| STREET ADDRESS | 18530 SW 52ND ST | |
| CITY - ST - ZIP | MIRAMAR, FL 33029 | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #