2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Sep 08, 2005 8:00 am Secretary of State DOCUMENT #_L04000049143 1. Entity Name 09-08-2005 90012 011 ****55.00 BEAUTIOUS MAXIMUS-LLC Principal Place of Business HUDSON FL 34667 HUDSON FL 34657 2. Principal Place of Business 3. Mailing Address 5918 NINNER Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For Not Applicable \$5,00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK MAXINUS CORPORATION SERVICE COMPANY 2.0. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** Delete MGRM ☐ Addition NAME LONG, MARK LONG, MARK STREET ADDRESS 15805 WINNER LANE STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP 34667 TITLE Delete TITLE ☐ Change ☐ Addition BURNETTE, DAVID E NAME STREET ADDRESS 15805 WINNER LANE STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP TITLE THILE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED