2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000061400



Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90106 033 ****50.00

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FILED

Principal Place of Business

AMERIMAX HERON BAY, LLC

12514 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071

Mailing Address

12514 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071

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Principal Place of Business 3. Mailing Address												
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Zip		Country	Zip	Zip Country				e of Status Desired		\$5.00 Add	litional d	
6. Name and Address of Current Registered Agent						7.	7. Name and Address of New Registered Agent					
		•			Name							
HRAWG C				Street Address /			Day No1					
		RAIL, SUITE 200		Street Address			. BOX NUMI	per is Not Acceptable	θ)			
BOCA RA	ION, FL	33431					·					
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		y submits this statement f	or the purpose of changi	ng its register	ed office or r	registered a	agent, or b	oth, in the State of Flo	orida. I am	familiar with,	and accept	
the obligat	ions of regist	tered agent.										
SIGNATURE												
	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature	e required wher	n reinstating)		DATE			
1												
Fi	iling Fee i ue by May	is \$50.00					Make check payable to Florida Department of State					
	re nà mai	y 1, 2005						riona	a rebam	nent of State	3	
9.	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMB	ERS/MANAGERS	10.				ADDITIONS	/CHANGE	<u></u>		
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

☐ Delete

Daytime Phone #

☐ Change

☐ Addition