

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075748

1. Entity Name  
MAXMIN INTERNATIONAL, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 9:53

Principal Place of Business  
113 ASPEN GROVE ROAD  
ASPEN, CO 81611 US

Mailing Address  
PO BOX 12392  
ASPEN, CO 81612 US

2. Principal Place of Business

7990 WEST HOMDSASSA TAIL  
Suite, Apt. #, etc.  
SUITE 3

3. Mailing Address

502 WASHINGTON AVE  
Suite, Apt. #, etc.  
SUITE 500



08252005 Chg-LLC CR2E083 (10/03)

City & State

HOMDSASSA, FL

City & State

TOWSON, MD

4. FEI Number

20-1853574

Applied For

Not Applicable

Zip

34448

Country

U.S.A.

Zip

21204

Country

U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLINE, ROBERT B  
7360 W. COPENHAGEN ST.  
DUNNELLON, FL 34433

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 September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
HOHMANN, ARTHUR J  
113 ASPEN GROVE ROAD  
ASPEN, CO 81611

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
100061451621  
11/15/05--01078--018 \*\*150.00

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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.

SIGNATURE:

Arthur J. Hohmann, ARTHUR J. HOHMANN MGR

Date

9/20/05 970-920-2225

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

Daytime Phone #

REINSTATEMENT

2005