## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # L04000078349



1. Entity Name POPMAX INTERNATIONAL, LLC				01-07-2005 90	0024 008 ****55.00	
Principal Place	e of Business	Mailing Address		1		
1626 BOBCA North Port		1626 BOBCAT TRAIL North Port, FL 34288			WIN STREET ENGLE NIVE WINTE FOLIANT ON POOR	
2. Principal P	lace of Business	3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-1840152	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Reg	Istered Agent	
LOVELESS, COLLEENS 2978 ROYAL DRIVE 1626 BOBGAT TRAIL			Name	Name		
-2978 ROY	AL DRIVE 1626  ORT, FL 34288	BOBCAT TRAIL	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
9 The shows	named actify a shorte this statement for	r the europe of shancing its so	pointaged office or regist	grad agest or both in the Cites of Elegi		
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)						
Filling Fee is \$50.00 Due by May 1, 2005  Make check payable to Florida Department of State						
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/C	HANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	LOVELESS, COLLEEN S 1626 BOBCAT TRAIL		NAME STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP			
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report is true and accurate and billity company or the receiver or truste	Delete Deserve	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I fi made under oath; that I am a managin pter 608, Florida Statutes.	Change Addition  Change Addition  Change Addition  Change Addition	

COLLEGE FAMILIES
PED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/05 860-668-9701

Date Dayline Phone #

**FILED** 

Jan 07, 2005 8:00 am Secretary of State