

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 009 \*\*\*138.75

DOCUMENT # L05000006356

1. Entity Name  
AMERIMAX PLANTATION, LLC



Principal Place of Business  
377 N. STATE RD 7 #102.  
PLANTATION, FL 33317 US

Mailing Address  
3200 UNIVERSITY DR  
CORAL SPRINGS, FL 33065 US

50004642



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
2855 N. University DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

City & State

City & State

CORAL SPRINGS

Zip

Country

Zip

Country

33065

USA

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-2213325

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER & WECHSLER LLC  
3300 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name Maniar, Miller, Wechsler, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
2855 N. University DRIVE  
SUITE 600  
City CORAL SPRINGS FL Zip Code 33065

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

*[Signature]*

4/15/08

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SPIEGEL, BARRY J  
STREET ADDRESS 3300 UNIVERSITY DR #803  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

10. ADDITIONS/CHANGES

TITLE  
NAME 2855 N. University Drive  
STREET ADDRESS SUITE 600  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

*[Signature]*

4/15/08

934-341-4565