

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000012856**

1. Entity Name  
**MAXINE ENTERPRISES, LLC**



Principal Place of Business  
**5808 LAUREL OAK DRIVE  
LAKELAND, FL 33811**

Mailing Address  
**5808 LAUREL OAK DRIVE  
LAKELAND, FL 33811**



04122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2274271**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHELBY MEDINA & STARGEL, LLP  
902 SOUTH FLORIDA AVENUE STE. 101  
LAKELAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
UZELATZ, MAX  
5808 LAUREL OAK DRIVE  
LAKELAND, FL 33811**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
UZELATZ, MAXINE  
5808 LAUREL OAK DRIVE  
LAKELAND, FL 33811**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000710224  
04/25/07-80034-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Maxine Uzelatz*

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

4/12/07

Date

863-712-2688

Daytime Phone #