

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000026994

Entity Name: MAXWELL RESOURCES, LLC

FILED  
Jun 29, 2007  
Secretary of State

**Current Principal Place of Business:**

5253 SE SEA ISLAND WAY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**  
5253 SE SEA ISLAND WAY  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 20-2511887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

WHEELER, LAURA  
614 CEDAR SIDE CIRCLE NE  
PALM BAY, FL 32905 US

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.

SIGNATURE: LAURA WHEELER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAXWELL, ROBERT  
Address: 5253 SE SEA ISLAND WAY  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: MAXWELL, TAYLER  
Address: 955 WEST FOURLINES ROAD  
City-St-Zip: WINTERVILLE, NC 28590

Title: MGRM ( ) Delete  
Name: MAXWELL, KIMBERLY  
Address: 955 WEST FOURLINES ROAD  
City-St-Zip: WINTERVILLE, NC 28590

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MAXWELL, TAYLER  
Address: 5253 SE SEA ISLAND WAY  
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Change ( ) Addition  
Name: MAXWELL, KIMBERLY  
Address: 5253 SE SEA ISLAND WAY  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT MAXWELL

MGRM

06/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date