

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000060460

1. Entity Name
MAX CUSTOM CABINETRY & CARPENTRY, LLC



Principal Place of Business
180 37TH AVENUE N.E.
NAPLES, FL 34120

Mailing Address
180 37TH AVENUE N.E.
NAPLES, FL 34120

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282007 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-3374525

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAKSIMOWICZ, ROMAN
180 37TH AVENUE N.E.
NAPLES, FL 34120

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)

2-28-07

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MAKSIMOWICZ, ROMAN
STREET ADDRESS 180 37TH AVENUE N.E.
CITY-ST-ZIP NAPLES, FL 34120

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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☐ Addition

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 #

2-28-07

REINSTATEMENT

06-07