2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 08:00 Al Secretary of State

DOCUMENT	# L05000083774

1. Entity Name
MAX GREEN LLC



Principal Place of Business

5624 MAPLE FOREST DR. TALLAHASSEE, FL 32303

Mailing Address

DO NOT WRITE IN THIS SPACE

5624 MAPLE FOREST DR. TALLAHASSEE, FL 32303



02142008 No Chg-LLC

CR2E083 (12/07)

ı.	FEI Number
	26-8506729

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MAX 5624 MAPLE FOREST DR. TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of char the obligations of registered agent.	iging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
опристоте, турен от рукиет папие от герплетен в врети аполите и вървиса оте	(NOTE: Negligiated with a signature required when reinstating)	—

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

04/17/08-80022-005 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, MAX 5624 MAPLE FOREST DR. TALLAHASSEE, FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the			

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:

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

4-4-08

Daylene Phone #