

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089158

FILED
Jul 24, 2008
Secretary of State

Entity Name: MAXIMUM SERVICES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4227 BEE RIDGE RD
SARASOTA, FL 34233 US

New Principal Place of Business:

1520 EWING STREET
NOKOMIS, FL 34275 US

Current Mailing Address:

4227 BEE RIDGE RD
SARASOTA, FL 34233 US

New Mailing Address:

1520 EWING STREET
NOKOMIS, FL 34275 US

FEI Number: 20-3442773 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:

TOWNS, ROBERT
4227 BEE RIDGE RD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

BROWN, NOEL
1672 WALDORF DRIVE
NORTH PORT, FL 34288 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: NOEL BROWN

07/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHELPS, DOUGLAS
Address: 4227 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM () Delete
Name: TOWNS, ROBERT
Address: 4227 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM (X) Delete
Name: STORM, MARC
Address: 4227 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM (X) Delete
Name: CARTER, EDWARD
Address: 4227 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHELPS, AARON
Address: 1520 EWING STREET
City-St-Zip: NOKOMIS, FL 34275 US

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

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

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

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: AARON PHELPS

MGRM

07/24/2008

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