

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089158

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MAXIMUM SERVICES LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2357 S. TAMIAMI TR., #3  
PMB #111  
VENICE, FL 34293 US

**New Principal Place of Business:**

**Current Mailing Address:**

2357 S. TAMIAMI TR., #3  
PMB #111  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 20-3442773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PHELPS, AARON  
**Address:** 2357 S. TAMIAMI TR., #3, PMB #111  
**City-St-Zip:** VENICE, FL 34293 US

**Title:** MGRM  
**Name:** TOWNS, ROBERT  
**Address:** 2357 S. TAMIAMI TR., #3, PMB #111  
**City-St-Zip:** VENICE, FL 34293 US

**Title:** MGRM  
**Name:** PHELPS, ROSS  
**Address:** 2357 S. TAMIAMI TR., #3, PMB #111  
**City-St-Zip:** VENICE, FL 34293 US

I hereby 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: ROSS PHELPS

MGRM

04/29/2011

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