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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02102008 Chg-LLC CR2E083 (12/06)

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000104675

1. Entity Name
MAX MENDOZA, L.L.C.

Principal Place of Business	Mailing Address
6593 POWERS AVENUE SUITE 9 JACKSONVILLE, FL 32217	P.O. BOX 551260 JACKSONVILLE, FL 32255

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		6593 Powers Ave	
Suite, Apt. #, etc. Suite 15		Suite, Apt. #, etc. Suite 15	
City & State		City & State Jacksonville FL	
Zip	Country	Zip 32217	Country USA

4. FEI Number 20-3699460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256	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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, HARTLEY M 6593 POWERS AVENUE, SUITE 9 JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6593 Powers Ave. Suite 15	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Hartley M. Gilbert 2/13/08 904-448-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #