

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104675

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

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6593 POWERS AVE., SUITE 15  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6593 POWERS AVE., SUITE 15  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 20-3699460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256 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 ( ) Delete  
Name: GILBERT, HARTLEY M  
Address: 6593 POWERS AVE., SUITE 15  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES:**

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: HARTLEY M GILBERT

MGRM

03/13/2009

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