


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000017291 1. Entity Name H-MAX, LLC	
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Principal Place of Business 2879 N. HANNON HILL DR. TALLAHASSEE, FL 32309	Mailing Address 2879 N. HANNON HILL DR. TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0581834	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, MICHAEL A
2879 N. HANNON HILL DR.
TALLAHASSEE, FL 32309

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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

U00000831862
02/27/08-80036-019 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGAN, MICHAEL A. 2879 N. HANNON HILL DR. TALLAHASSEE, FL 32309
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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: Michael A. Hogan, Michael A. Hogan 2-13-08 850-509-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #