

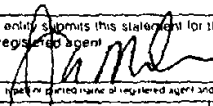
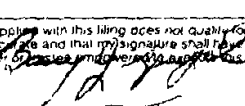
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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000018163			
1. Entity Name AMERIMAX CORAL SPRINGS, LLC			
Principal Place of Business 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		Mailing Address 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # 4685 STATE RD 7 Suite, Apt. #, etc.		3. Mailing Address 3300 UNIVERSITY DR Suite, Apt. #, etc. SUITE 803	
City & State CORAL SPRINGS FL Zip 33065 Country USA		City & State CORAL SPRINGS FL Zip 33065 Country USA	
4. FEI Number 20-4694245		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S. BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133		7. Name and Address of New Registered Agent Name JACK C MILLER Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DR STE 803 City CORAL SPRINGS FL Zip Code 33065	
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 		JACK C. MILLER, CPA 4/11/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP MGRM SPIEGEL, BARRY J 3300 UNIVERSITY DR, STE 803 CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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, and that this report is required by Chapter 608, Florida Statutes.			
SIGNATURE: 		BARRY J. SPIEGEL 4/11/07 954-341-4535	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			