


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 013 \*\*\*138.75

<b>DOCUMENT # L06000018163</b>	
1. Entity Name <b>AMERIMAX CORAL SPRINGS, LLC</b>	

Principal Place of Business <b>4685 STATE RD. 7 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3300 UNIVERSITY DR., SUITE 803 CORAL SPRINGS, FL 33065</b>
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**50004638**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2855 N. University DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 600</b>
City & State	City & State <b>Coral Springs, FL</b>
Zip	Zip <b>33065</b>
Country	Country <b>USA</b>

01162008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>MILLER, JACK C</del> <del>3300 UNIVERSITY DR., STE. 803</del> <del>CORAL SPRINGS, FL 33065</del>		Name <b>MANIAR, MILLER, WECHSLER, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2855 N. University Drive</b> <b>Suite 600</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>	

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 *Barry J Spiegel* DATE 4-15-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPIEGEL, BARRY J <del>3300 UNIVERSITY DR., STE. 803</del> <del>CORAL SPRINGS, FL 33065</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2855 N. UNIVERSITY DRIVE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 600</b> <b>CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barry J Spiegel* DATE 4-15-08 (934) 341-4565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #