

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90155 014 ***138.75

DOCUMENT # L06000018184					
1. Entity Name AMERIMAX COCONUT CREEK, LLC					
Principal Place of Business 6502 NORTH STATE RD 7 COCONUT CREEK, FL 33073			Mailing Address 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2855 N. University Dr			
Suite, Apt. #, etc.		Suite 600			
City & State		Coral Springs, FL			
Zip	Country	Zip	Country	33065 USA	
4. FEI Number 20-4694322				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER & NECHGLER, LLC 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name: MANIAR, MILLER & WECHSLER, LLC Street Address (P.O. Box Number is Not Acceptable): 2855 N. University Drive Suite 600. 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Barry J Spiegel</i> </div> <div style="width: 40%;"> DATE 4-15-08 </div> </div>					
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 SPIEGEL, BARRY J 3300 NORTH UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2855 n. University Drive Suite 600 CORAL SPRINGS, FL 33065	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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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: <i>Barry J Spiegel</i>			4-15-08 954-341-4565		
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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