


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90155 016 ***138.75

DOCUMENT # L06000036708	
1. Entity Name AMERIMAX SAMPLE REALTY, LLC	

Principal Place of Business 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065	Mailing Address 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065
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50004635



01162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 2855 N. UNIVERSITY DR.	3. Mailing Address 2855 N. UNIVERSITY DR.
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc. SUITE 600
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33065	Zip 33065
Country USA	Country USA

4. FEI Number 87-0767337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**MILLER & WECHSLER, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, BARRY J 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2855 N. UNIVERSITY DRIVE SUITE 600 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Barry J. Spiegel 4-15-08 954-341-4565