

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040727

FILED
Feb 02, 2007
Secretary of State

Entity Name: MAX FINAL TOUCH BY MOHAMED SALIM LLC

Current Principal Place of Business:

809 BREEZY LAKE WAY
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

809 BREEZY LAKE WAY
MINNEOLA, FL 34715 US

New Mailing Address:

FEI Number: 03-0587753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALIM, FAZILA
809 BREEZY LAKE WAY
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

KABA CONSULTING, INC.
214 E WASHINGTON ST
SUITE A
MINNEOLA, FL 34715 US

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.

SIGNATURE: ALEJANDRO KABA

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALIM, FAZILA
Address: 809 BREEZY LAKE WAY
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGRM () Delete
Name: SALIM, MOHAMED
Address: 809 BREEZY LAKE WAY
City-St-Zip: MINNEOLA, FL 34715 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRGM () Change (X) Addition
Name: RAMSARRN, TREVOR A
Address: 1929 THORNEGATE LANE
City-St-Zip: MASCOTTE, FL 34753 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FAZILA SALIM

MGR

02/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date