2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

	ANNOAL				_		•	
DOCUMENT # L06000047930 1. Entity Name MAXFAM CONSULTING, LLC						04-25-200	7 90038 005 ***	**50.00
Principal Place of Business Mailing Address					1			
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Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite. Apt. #, etc.		04052007	Chg-LLC	OR2E083 (12/06)		
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City & State		City & State		4. FEI Num	991206		pplied For at Applicable	
Zip	Country	Zip	Coun	elry	5. Certificat	e of Status Desired	S5.00 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name en	d Address of New Re	egistered Agent	
CORPORATION SERVICE COMPANY				Name				
1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address	(P.O. Box Numi	per is Not Acceptable)	
				City		<u> </u>	FL Zip Cod	Je
	named entity submits this statement fo	r the purpose of changing	its register	ed office or registe	ered agent, or be	oth, in the State of Floa	rida. I am familiar with,	and accept
the obligat SIGNATURE	ions of registered agent.							
	Signafure, typed or printed frame of registered agents	N) slotspilone in stit one	OTE Registers	if Agent signature require	d when reinstaling)		DATE	
Filing Fee is \$50.00 - Due by May 1, 2007								
F1 B	iling Fee is \$50.00 ue by May 1, 2007						check payable to Department of Stat	
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