

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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2013

DOCUMENT # L06000050613



1. Entity Name
Maxwell Acquisitions, LLC.

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FILED

2013 MAY 22 PM 3:42

2. Principal Place of Business - No P.O. Box #
658 W. Indiantown Road.

3. Mailing Address
658 W. Indiantown Rd.

400248574234
06/05/13 01001 004
CR2E083B (1/11)

Suite, Apt. #, ect.
Suite 207

Suite, Apt. #, ect.
Suite 207

City & State
Jupiter, FL.

City & State
Jupiter, FL.

4. FEI Number
20-4904161

Applied For
☐ Not Applicable

Zip Country
33458 Palm Beach

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33458 Palm Beach

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6.
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7. Name and Address of Current Registered Agent

Name Michael O. Maxwell, Sr.
Street Address (P.O. Box Number is Not Acceptable)
658 W. Indiantown Road, Suite 207
City Jupiter FL 33458

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]
Signature typed or printed name of registered agent and date if applicable

5/31/13
DATE

January - May 1 Fee is \$138.75

~~After May 1 Fee is \$150.00~~

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

tina@maxwellbuilding.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>Michael O. Maxwell, Sr.</u> <u>658 W. Indiantown Road, Suite 207</u> <u>Jupiter, FL 33458</u>
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10.

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IN THIS SPACE**

JUN 04 2013

D. BRUCE

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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/31/13 (561)746-6113
Date Daytime Phone#