

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074472

Entity Name: MAXSAM, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

11359 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11359 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-5279590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHERN, FRED L JR
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRINCE, PETER X
Address: 11359 OLD ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: WOODS, JEFFREY C
Address: 7530 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PETER X. PRINCE

PRES

04/20/2009

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