

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081152

Entity Name: MAX WEILER, LLC

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

445 STATE ROAD 13, NORTH  
SUITE 26-419  
JACKSONVILLE, FL 32259 US

## **Current Mailing Address:**

445 STATE ROAD 13, NORTH  
SUITE 26-419  
JACKSONVILLE, FL 32259 US

## **New Principal Place of Business:**

450 STATE ROAD 13, NORTH  
SUITE 106-419  
JACKSONVILLE, FL 32259 US

## **New Mailing Address:**

450 STATE ROAD 13, NORTH  
SUITE 106-419  
JACKSONVILLE, FL 32259 US

FEI Number: 20-5393503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

HEEKIN, M. MARK ESQUIRE  
4540 SOUTHSIDE BOULEVARD  
SUITE 702  
JACKSONVILLE, FL 32216 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  
Name: SHORT, BRENDA N  
Address: 450 STATE ROAD 13, NORTH, SUITE 106-419  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby 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: BRENDA N SHORT

MGRM

02/12/2011

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