

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000004341

1. Entity Name

MAX PROFESSIONAL PAINTING LLC



FILED

08 SEP -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10320 SW 183 ST
MIAMI FL 33157

Mailing Address

10320 SW 183 ST
MIAMI FL 33157

2. Principal Place of Business - No P.O. Box #

Max professional painting llc

3. Mailing Address

10320 SW 183 ST

Suite, Apt. #, etc.

10320 SW 183 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33157

Country

MIAMI FLA

Zip

33157

Country

MIAMI FLA

2nd MOORE

CR2E083 (4/08)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, MAX M
10320 SW 183 ST
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, type or print name of registered agent and file # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE NAME 10320 SW 183 ST ☐ Delete
STREET ADDRESS miami FL 33157
CITY- ST- ZIP Max Flores (manager)

TITLE NAME Max Flores ☐ Delete
STREET ADDRESS 10320 SW 183 ST
CITY- ST- ZIP miami FL 33157 (manager)

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS U00000957947
CITY- ST- ZIP 08/18/08-80009-017 138.75

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MAX FLORES

9-14-08 (305) 8043997

Date

System Print #