

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013924

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: MAXIMUM AUTO INDUSTRY, LLC.

**Current Principal Place of Business:**

4630 ELEVATION WAY  
UNIT # 1  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

4630 ELEVATION WAY  
UNIT # 1  
FORT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 20-8389831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMIREZ, JOEL  
2490 VERDMONT COURT  
CAPE CORAL, FL 33991 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: PRES ( ) Delete  
Name: RAMIREZ, JOEL  
Address: 2490 VERDMONT COURT  
City-St-Zip: CAPE CORAL, FL 33991

Title: SEC ( ) Delete  
Name: RAMIREZ, LILIA  
Address: 2490 VERDMONT COURT  
City-St-Zip: CAPE CORAL, FL 33991

**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: JOEL RAMIREZ

PRES

03/05/2009

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