


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90063 024 ***138.75

DOCUMENT # L07000023225		
1. Entity Name SLMAX, LLC.		

Principal Place of Business 1558 MISTY LAKE DRIVE ORANGE PARK, FL 32003 US	Mailing Address 1558 MISTY LAKE DRIVE ORANGE PARK, FL 32003 US
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60018721



2. Principal Place of Business - No P.O. Box # 1075 Oakleaf Plantation Suite, Apt. #, etc. # 109 City & State Orange Park Zip FL Country 32003	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-854745Z	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MULLANE, SHERI 1558 MISTY LAKE DRIVE ORANGE PARK, FL 32003	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLANE, SHERI L 1558 MISTY LAKE DRIVE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: <u>Sheri L Mullane</u>	Date: <u>3/31/08</u>	Daytime Phone #: <u>904 589-9160</u>
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