

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091356

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MAX URBAN MILLWORK LLC

**Current Principal Place of Business:**

1420 SW 30 AVENUE  
BAY 14  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

1420 SW 30 AVENUE  
BAY 14  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 65-1317104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ACCARDI, STACEY  
2240 WOLBRIGHT ROAD  
407  
BOYNTON BEACH, FL 33426 US

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

LEE, CHUCK  
17563 NASSAU COMMONS BLVD.  
#6  
LEWES, FL 19958 US

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: CHUCK LEE

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, STEVE B  
Address: 1420 SW 30 AVENUE BAY #14  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM ( ) Delete  
Name: CHADHA-MILLER, ANITA  
Address: 1420 SW 30 AVENUE #14  
City-St-Zip: BOYNTON BEACH, FL 33426 US

**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: ANITA CHADHA-MILLER

MGRM

01/15/2009

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