

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093428

Entity Name: EQUI-MAX LLC

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

11380 66TH ST. NORTH SUITE 133
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

11380 66TH ST. NORTH SUITE 133
LARGO, FL 33773

New Mailing Address:

FEI Number: 06-0658188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURDI, SALVATORE A
2342 MESSENGER CIRCLE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

SURDI, SALVATORE A
11380 66TH ST N. SUITE 133
LARGO, FL 33773 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: SALVATORE A. SURDI

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SURDI, SALVATORE A
Address: 2342 MESSENGER CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 01

Title: MGRM () Delete
Name: GRAHAM, CASEY P
Address: 2342 MESSENGER CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 01

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SURDI, SALVATORE A
Address: 11380 66TH ST. N. SUITE 133
City-St-Zip: LARGO, FL 33773

Title: MGRM (X) Change () Addition
Name: GRAHAM, CASEY P
Address: 11380 66TH ST. N. SUITE 133
City-St-Zip: LARGO, FL 33773

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: CASEY P. GRAHAM

MGRM

01/03/2008

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