2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000084049

Entity Name: MAX RETURNS, LLC

City-St-Zip:

FILED Dec 01, 2009 Secretary of State

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Current Princi	ipal Place of Business:	New Principal Place of Business:
15210 AMBERI APT. 321		2780 E FOWLER AVE # 148
TAMPA, FL 33	3647	TAMPA, FL 33612
Current Mailir	ng Address:	New Mailing Address:
15210 AMBERI APT. 321 TAMPA, FL 33		2780 E FOWLER AVE # 148 TAMPA, FL 33612
	th s. 607.193(2)(b), F.S., the limited liabi	ity company did not receive the prior notice.
Name and Add	dress of Current Registered Age	nt: Name and Address of New Registered Agent:
MEJIA, JUAN N 15210 AMBERI APT. 321		MEJIA, JUAN M 2780 E FOWLER AVE # 148
TAMPA, FL 33	3647 US	TAMPA, FL 33612 US
The above namin the State of F		the purpose of changing its registered office or registered agent, or both
SIGNATURE:	JUAN MEJIA	12/01/2009
•	Electronic Signature of Register	d Agent Date
MANAGING MEMI	BERS/MANAGERS:	ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	()Delete	Title: MR () Change (X) Addition Name: MEJIA, JUAN M Address: 2780 E FOWLER AVE # 148 City-St-Zip: TAMPA, FL 33612
Title: Name: Address: City-St-Zip:	()Delete	Title: MR () Change (X) Addition Name: MEJIA, YAEL M Address: 2780 E FOWLER AVE # 148 City-St-Zip: TAMPA, FL 33612
Title: Name: Address:	()Delete	Title: MR () Change (X) Addition Name: MEJIA, JONAH E Address: 2780 E FOWLER AVE # 148

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.

City-St-Zip: TAMPA, FL 33612

SIGNATURE: JUAN MEJIA MR 12/01/2009