2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# L08000107907

Entity Name: MAXIEM, LLC

Current Principal Place of Business:

8033 CRANES POINTE WAY
WEST PALM BEACH, FL 33412

New Principal Place of Business:

950 S PINE ISLAND ROAD
SUITE A-150
PLANTATION, FL 33324

Current Mailing Address:

8033 CRANES POINTE WAY
WEST PALM BEACH, FL 33412

New Mailing Address:

950 S PINE ISLAND ROAD
SUITE A-150
PLANTATION, FL 33324

FEI Number: 71-0886649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARGULIES, MICHAEL R
8033 CRANES POINTE WAY
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

MARGULIES, MICHAEL R
950 S PINE ISLAND ROAD
SUITE A150
PLANTATION, FL 33324 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: MICHAEL R MARGULIES 10/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARGULIES, MICHAEL R
Address: 8033 CRANES POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARGULIES, MICHAEL R
Address: 950 S PINE ISLAND ROAD, SUITE A150
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL R MARGULIES MGR 10/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date