

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115153

Entity Name: MAXBAND TOOL, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

675 SOUTH GULFVIEW BLVD., #1201  
CLEARWATER BEACH, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

675 SOUTH GULFVIEW BLVD., #1201  
CLEARWATER BEACH, FL 33767

**New Mailing Address:**

5644 HWY 96 WEST  
YOUNGSVILLE, NC 27596

FEI Number: 27-4443873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROOTH, CRAIG JOSEPH  
675 SOUTH GULFVIEW BLVD., #1201  
CLEARWATER BEACH, FL 33767 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROOTH, CRAIG JOSEPH  
Address: 675 SOUTH GULFVIEW BLVD., #1201  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGR  
Name: WOODS, DARRIN  
Address: 675 SOUTH GULFVIEW BLVD., #1201  
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby 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: CRAIG JOSEPH ROOTH

MGR

01/05/2011

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