

L21000423635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

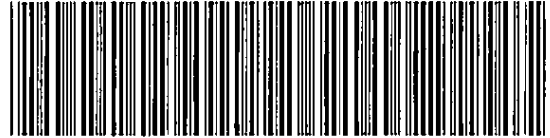
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600419583766

2024 JAN - 8 PM 2:42
ED
STATE
OFFICE, FL

RECEIVED
2024 JAN - 8 AM 10:44
STATE
OFFICE, FL

R. HUNT
01/08/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 01/08/2023

****WALK IN****

ENTITY NAME MAX OUT CREATIVE LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

RECEIVED
JAN 11 - 9 PM 2:42
SUNSHINE STATE
TALLAHASSEE, FL

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S. R. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Max Bumgardner	5435 SUMMERLAND HILLS DR	<input type="checkbox"/> Add
		LAKELAND, FL 33812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Max Bumgardner	4313 S Florida Ave, 1120 Lakeland, FL 33813	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Max Brook Bumgardner	5435 Summerland Hills Dr. Lakeland, FL 33812	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christine M Bumgardner	5435 Summerland Hills Dr. Lakeland, FL 33812	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 11/2/2018 2:42 PM
 TALLAHASSEE, FL

704.000-9 PM 2:42
OFF STATE
SSE, FL

7/24/2009 PM 2:42
OFF STATE
SSE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

/s/ Max Brook Bumgardner

Signature of a member or authorized representative of a member

Max Brook Bumgardner

Typed or printed name of signee

Filing Fee: \$25.00