

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L96000000291

1. Entity Name
PLANT MAX, L.L.C.



Principal Place of Business

**13675 S.W. 216 ST.
GOULDS, FL 33170**

Mailing Address

**13675 S.W. 216 ST.
GOULDS, FL 33170**

DO NOT WRITE IN THIS SPACE



01122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0677083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA
2100 SALZEDO ST.
SUITE 300
CORAL GABLES, FL 33134**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000589736
01/18/07-80027-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	MCINTOSH, RAYMOND
STREET ADDRESS	13675 S.W. 216 STREET
CITY-STATE-ZIP	MIAMI, FL
TITLE	MEM
NAME	PCC ENTERPRISES, INC.
STREET ADDRESS	2850 N. OAKLAND FOREST DR.
CITY-STATE-ZIP	OAKLAND PARK, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/07

305 251 9909

RAYMOND MCINTOSH MEM