

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90044 013 ****50.00

DOCUMENT # L98000000217

1. Entity Name

MAX NURSERIES, L.L.C.



Principal Place of Business

**13675 SW 216 STREET
GOULDS FL 33170**

Mailing Address

**13675 SW 216 STREET
GOULDS FL 33170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0819114

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-FRAG
E, P.A. 101 MADEIRA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Arazoza & Company, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2100 Salzedo Street

Suite # 300

City **Coral Gables**

FL

Zip Code

33134

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MCINTOSH, RAYMOND**
STREET ADDRESS **13675 SW 216 STREET**
CITY-ST-ZIP **GOULDS FL 33170**

TITLE **MGR** ☐ Delete
NAME **MCINTOSH, JOAN**
STREET ADDRESS **13675 SW 216 STREET**
CITY-ST-ZIP **GOULDS FL 33170**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/05 305 251 9909