

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90068 050 ***138.75

DOCUMENT # L99000005324 1. Entity Name MAX MINHAS PROPERTIES, LLC																													
Principal Place of Business 1592 KENNESAW DR CLERMONT, FL 34711			Mailing Address 1592 KENNESAW DR CLERMONT, FL 34711																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 65-0941161				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01082008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent MINHAS, MAX 1635 EAST HWY 50 SUITE 301 CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name MINHAS, MAX Street Address (P.O. Box Number is Not Acceptable) 1592 KENNESAW DR. City CLERMONT FL Zip Code 34711																										
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE JAN 22 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MINHAS, MAX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1635 E. HWY. 50, SUITE 301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MINHAS, MAX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1592 KENNESAW DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	MINHAS, MAX		STREET ADDRESS	1635 E. HWY. 50, SUITE 301		CITY-ST-ZIP	CLERMONT, FL 34711		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MINHAS, MAX		STREET ADDRESS	1592 KENNESAW DR.		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	MGR	<input type="checkbox"/> Delete																											
NAME	MINHAS, MAX																												
STREET ADDRESS	1635 E. HWY. 50, SUITE 301																												
CITY-ST-ZIP	CLERMONT, FL 34711																												
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	MINHAS, MAX																												
STREET ADDRESS	1592 KENNESAW DR.																												
CITY-ST-ZIP	CLERMONT, FL 34711																												
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:				JAN 22 2008																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>																									