2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# M02000001890

Entity Name: BUYMAX, LLC

Current Principal Place of Business:

C/O CLOCKWORK HOME SERVICES, INC.
50 CENTRAL AVE., SUITE 920
SARASOTA, FL 34236

New Principal Place of Business:

C/O CLOCKWORK, INC.
50 CENTRAL AVE., SUITE 920
SARASOTA, FL 34236

Current Mailing Address:

C/O CLOCKWORK HOME SERVICES, INC.
50 CENTRAL AVE., SUITE 920
SARASOTA, FL 34236

New Mailing Address:

C/O CLOCKWORK, INC.
50 CENTRAL AVE., SUITE 920
SARASOTA, FL 34236

FEI Number: 40-0001576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM
Name: CLOCKWORK, INC.
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: P
Name: CASSEL, REBECCA
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: T
Name: MCMAHON, PATRICK
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: S
Name: SAN MIGUEL, CHARLIE
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: AS
Name: HOLLINGSWORTH, SANDY
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

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 Statues.

SIGNATURE: CHARLIE SAN MIGUEL SECR 04/05/2011

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