

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003445

**FILED  
Apr 30, 2010  
Secretary of State**

**Entity Name:** MAXAMILLION, LLC

**Current Principal Place of Business:**

9799 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9799 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 20-1458414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEINERS, LOUIS M JR  
200 AVIATION DRIVE, SUITE 2  
NAPLES, FL 34101 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: KOPPEL, NEIL  
Address: 9799 SAVONA WINDS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MEMB  
Name: KOPPEL, NIKKI MEMBER  
Address: 9799 SAVONA WINDS DR  
City-St-Zip: DELRAY BEACH, FL 33446 US

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 Statutes.

SIGNATURE: NEIL KOPPEL

MEM

04/30/2010

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