

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M96000000274**

1. Entity Name

MAXIMUM BENEFITS, L.L.C.

FILED

02 OCT -9 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

315 GILMER FERRY ROAD
BALL GROUND GA 30107

Mailing Address

P.O. BOX 220
BALL GROUND GA 30107-0220

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-2215871**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, ROBERT D
1202 BEACHCREST
3768 HIGHWAY 30-A
SEAGROVE BEACH FL 32459Name, ~~Robert D. Tucker~~Street Address (P.O. Box Number is Not Acceptable)
~~405 Townsend Place~~City ~~Atlanta~~ GAZip Code ~~30307~~

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 Robert D. Tucker
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 8/30/02**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State
Due By September 25, 2002****200008410052**
10/16/02--01087--004 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANDS, JAMES E 4330 BANCROFT VALLEY ALPHARETTA GA 30202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TUCKER, ROBERT D 405 TOWNSEND PLACE ATLANTA GA 30327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRON, JOHN F 1202 BEACHCREST, 3768 HIGHWAY 30-A SEAGROVE BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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: Robert D. Tucker

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

Date

Daytime Phone #