M96000000274

DOCUMENT # M96000000274

1. Entity Name

MAXIMUM BENEFITS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 PM 2:27

Principal Place of Business	Mailing Address
315 GILMER FERRY ROAD BALL GROUND GA 30107	P.O. BOX 220 BALL GROUND GA 30107-0220

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

09/19/03 90064 024 $55.00

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

TUCKER, ROBERT D
1202 BEACHCREST
3768 HIGHWAY 30-A
SEAGROVE BEACH FL 32459

7. Name and Address of New Registered Agent

Name JOHN F. BARRON

Street Address (P.O. Box Number is Not Acceptable)
~~1202~~ BEACHCREST
3768 Hwy 30-A

City SEAGROVE BEACH, FL Zip Code 32459

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 John F Barron 8/20/03

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRANDS, JAMES E 4330 BANCROFT VALLEY ALPHARETTA GA 30202	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO TUCKER, ROBERT D 405 TOWNSEND PLACE ATLANTA GA 30327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRON, JOHN F 1202 BEACHCREST, 3768 HIGHWAY 30-A SEAGROVE BEACH FL 32459	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

REINSTATEMENT 2003

Lett 12/23

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.

Robert D Tucker ROBERT D. TUCKER 8/20/03

SIGNATURE DATE