

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


4/29/2

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-29-2004 90060 006 ***50.00

DOCUMENT # L03000033801

1. Entity Name
ENVIROMAX, LLC



Principal Place of Business
**3325 ADDISON DR.
 PENSACOLA, FL 32514**

Mailing Address
**3325 ADDISON DR.
 PENSACOLA, FL 32514**

34008157



2. Principal Place of Business
5689 Industrial Blvd

3. Mailing Address
5689 Industrial Blvd

Suite, Apt. #, etc.

01132004 Chg-LLC CR2E063 (10/03)

City & State
Milton, FL

City & State
Milton, FL

Zip
32583 Country
USA

Zip
32583 Country
USA

4. FEI Number
20-0219201

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LITVAK, KRAMER A
 220 W. GARDEN ST., STE 608
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, the above named entity, submit 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Managing Member <input type="checkbox"/> Delete John Mystak 5689 Industrial Blvd Milton, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Managing member <input type="checkbox"/> Delete Brad Davis 5689 Industrial Blvd Milton, FL 32583
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"/> Delete

10. ADDITIONS/CHANGES

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

I1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: 

4-24-04

850-477-1557

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #