

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000093990

**Entity Name:** MAXAMILLION RETAIL, LLC

**Current Principal Place of Business:**

6845 HWY 90  
101  
DAPHNE, AL 36526

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC2540587394**

**Current Mailing Address:**

4563 BELL LANE  
MILTON, FL 32571 US

**FEI Number: 80-0836214**

**Certificate of Status Desired: No**

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

KEYES, JIMMIE E  
5338 SOUTHLAKE DRIVE  
PACE, FL 32571 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name MISLEH, ASHLEY D  
Address 3638 BERRYPATCH LANE  
City-State-Zip: PACE FL 32571

Title MGR  
Name MISLEH, GEORGE E  
Address 3638 BERRYPATCH LANE  
City-State-Zip: PACE FL 32571

Title MGR  
Name KEYES, BILLIE L  
Address 5338 SOUTHLAKE DRIVE  
City-State-Zip: PACE FL 32571

Title MGR  
Name KEYES, JIMMIE E  
Address 5338 SOUTHLAKE DRIVE  
City-State-Zip: PACE FL 32571

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ASHLEY D. MISLEH**

**OWNER**

**03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date