



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/20/2014

Business ID: 604375

William M. Gardner

Secretary of State

11 KELLEY AND 42 OLD COUNTY ROAD PROPERTIES LLC

DE MAXIMIS, INC., 450 MONTBROOK LANE
KNOXVILLE, TN 37919

ADDRESS OF PRINCIPAL OFFICE:
PO BOX 488, 111 CONCORD STREET
NASHUA, NH 03061

REGISTERED AGENT AND OFFICE:
DWYER, JOHN V, JRESQ
WINER & BENNETT, LLP, PO BOX 488, 111 CONCOR
NASHUA, NH 03061

ENTITY TYPE: LLC
BUSINESS ID: 604375
STATE OF DOMICILE: NEW HAMPSHIRE

ACQUIRE, HOLD TITLE TO, MANAGE, MAINTAIN AND IMPROVE
REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

MANAGERS

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMB. **de maximis, inc.**
STREET **450 Montbrook Lane**
CITY/STATE/ZIP **Knoxville Tn 37919**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

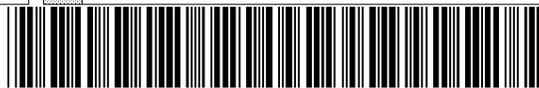
To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Malinda Moyers

Please print name and title of signer: Malinda Moyers / AUTHORIZED PARTY
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



060437520141003

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PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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