

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031916

FILED
Mar 02, 2009
Secretary of State

Entity Name: MAXXELERATE, LLC

Current Principal Place of Business:

9814 OLD HYDE PARK PLACE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

9814 OLD HYDE PARK PLACE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 20-8915647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, JOHN M
1819 MAIN STREET SUITE 610
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MIKKONEN, KYOESTI
Address: 9814 OLD HYDE PARK PLACE
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Delete
Name: MIKKONEN, SAMI
Address: 9814 OLD HYDE PARK PLACE
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Delete
Name: DALLMANN, CHRISTIAN
Address: WILENSTR. 207F, CH-9932
City-St-Zip: WILEN SWITZERLAND,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KYOESTI MIKKONEN

MGR

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date