

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018861

Entity Name: MULTIMAX SYSTEMS, LLC

Current Principal Place of Business:

3038 WOODPINE LANE
SARASOTA, FL 32431

Current Mailing Address:

PO BOX 20733
SARASOTA, FL 34276-3733 US

FEI Number: 55-0833135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOWELS, ROBERT M
3038 WOODPINE LANE
SARASOTA, FL 34231 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 OPERATIONS MANAGER
Name VOWELS, ROBERT M
Address 3038 WOODPINE LANE
City-State-Zip: SARASOTA FL 32431

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: ROBERT M VOWELS

OPERATIONS MANAGER 04/19/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date