

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000087408

**Entity Name:** MADIMAX, LLC

**Current Principal Place of Business:**

123 NIGHTHAWK AVENUE  
PLANTATION, FL 33324

**Current Mailing Address:**

123 NIGHTHAWK AVENUE  
PLANTATION, FL 33324 US

**FEI Number:** 20-5520164

**Certificate of Status Desired:** No

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

CALIFF, REBECCA  
123 NIGHTHAWK AVENUE  
PLANTATION, FL 33324 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 MGRM  
Name CALIFF, RANDALL  
Address 123 NIGHTHAWK AVE.  
City-State-Zip: PLANTATION FL 33324

Title MGRM  
Name CALIFF, REBECCA  
Address 123 NIGHTHAWK AVE.  
City-State-Zip: PLANTATION FL 33324

Title MANAGER  
Name CALIFF, ELLIOTT KURTZ ESQ.  
Address 123 NIGHTHAWK AVENUE  
City-State-Zip: PLANTATION FL 33324

Title MANAGER  
Name CALIFF, AARON SOLOMON  
Address 123 NIGHTHAWK AVENUE  
City-State-Zip: PLANTATION FL 33324

*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:** REBECCA K CALIFF

**MGR**

**02/14/2024**

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

\_\_\_\_\_  
Date