

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112666

**Entity Name:** MAVCON, LLC

**Current Principal Place of Business:**

18908 CHAVILLE RD  
LUTZ, FL 33558

**Current Mailing Address:**

18908 CHAVILLE RD  
LUTZ, FL 33558 US

**FEI Number:** 26-3844627

**Certificate of Status Desired:** No

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

RODRIGUEZ, KAREN  
18908 CHAVILLE RD.  
LUTZ, FL 33558 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 RODRIGUEZ, CARLOS M  
Address 18908 CHAVILLE RD.  
City-State-Zip: LUTZ FL 33558

*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:** CARLOS RODRIGUEZ

MGRM

01/10/2017

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

\_\_\_\_\_ Date