

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000115450

**Entity Name:** MAXEL LLC

**Current Principal Place of Business:**

5701 COLLINS AVENUE  
#419  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5701 COLLINS AVENUE  
#419  
MIAMI BEACH, FL 33140 US

**FEI Number:** 80-0659811

**Certificate of Status Desired:** No

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

CNC CERTIFIED PUBLIC ACCOUNTANT  
9290 SW 72 ST STE 103  
MIAMI, FL 33173 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:** CARLA CARRAI

02/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MIRZA, ROBERTO F  
Address 5600 COLLINS AVENUE, PH 15P  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name MIRZA, MAXIMILIANO  
Address 5600 COLLINS AVENUE, PH 15P  
City-State-Zip: MIAMI BEACH FL 33140

*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:** MIRZA , ROBERTO F

MGRM

02/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date