

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000049179

**Entity Name:** NOMAX MB, L.L.C.

**Current Principal Place of Business:**

17121 COLLINS AVE  
4403  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17121 COLLINS AVE  
4403  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NOVAK, PETER  
17121 COLLINS AVE  
4403  
SUNNY ISLES BEACH, FL 33160 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 NOMAX, LLC  
Address 17121 COLLINS AVE., STE 4403  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name FISHER MB, LLC  
Address 7436 FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

*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:** PETER NOVAK

**AGENT**

**04/20/2015**

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

\_\_\_\_\_  
Date