

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000103364

**Entity Name:** MAKSAN LLC

**Current Principal Place of Business:**

4975 CITY HALL BLVD  
P.O. BOX 7013  
NORTH PORT, FL 34286

**Current Mailing Address:**

4975 CITY HALL BLVD  
P.O. BOX 7013  
NORTH PORT, FL 34286 US

**FEI Number:** 46-0826617

**Certificate of Status Desired:** No

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

KOVALYSHIN, SEVERYN  
4975 CITY HALL BLVD  
NORTH PORT, FL 34286 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            AMBR  
Name            THE KOSMA INTERVIVOS  
                    DECLARATION OF TRUST, DATED  
                    THE 4TH DAY OF AUGUST, 2020  
Address        4975 CITY HALL BLVD, P.O. BOX 701  
City-State-Zip: NORTH PORT FL 34286

Title            MGR  
Name            KOVALYSHIN, SEVERYN  
Address        4975 CITY HALL BLVD  
                    P.O. BOX 7013  
City-State-Zip: NORTH PORT FL 34286

*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:** SEVERYN KOVALYSHIN

**MGR**

**01/30/2024**

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

\_\_\_\_\_  
Date