

2018 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, BOHDANNA
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 MGR
Name KOVALYSHYN, BOHDANNA
Address 4975 CITY HALL BLVD
City-State-Zip: NORTH PORT FL 34286

Title AMBR
Name THE SEVBOKO INTERVIVOS
DECLARATION OF TRUST, DATED
MAY 26,2015
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

02/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date