

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000115191

**Entity Name:** MAX ALLIANCE, LLC

**Current Principal Place of Business:**

765 CRANDON BLVD.  
SUITE 109  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

765 CRANDON BLVD.  
SUITE 109  
KEY BISCAYNE, FL 33149 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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 ANGARITA, ANDRES F  
Address 765 CRANDON BLVD., APT. 109  
City-State-Zip: MIAMI FL 33149

Title MGR  
Name KILLINGER, CHRISTINE  
Address 1121 CRANDON BLVD., APT E303  
City-State-Zip: MIAMI FL 33149

*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:** ANGARITA, ANDRES F

**MGR**

**01/21/2015**

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

\_\_\_\_\_  
Date