

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000191287

Entity Name: MAXELEMENT LLC

Current Principal Place of Business:

15901 COLLINS AVE
3503
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

15901 COLLINS AVE
3503
SUNNY ISLES BEACH, FL 33160

FEI Number: 36-4799703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMASH, VICTOR
15901 COLLINS AVE
3503
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 LAMASH, VICTOR
Address 15901 COLLINS AVE #3503
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: VICTOR LAMASH

MGRM

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date