## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000191287

**Entity Name: MAXELEMENT LLC** 

**Current Principal Place of Business:** 

Current Principal Place of Business

17500 N BAY RD

404

SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:** 

17500 N BAY RD

404

SUNNY ISLES BEACH, FL 33160 US

FEI Number: 36-4799703 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMASH, VICTOR 17500 N BAY RD 404

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

FILED Apr 15, 2017

**Secretary of State** 

CC1872822857

## Authorized Person(s) Detail:

Title MGRM

Name LAMASH, VICTOR Address 17500 N BAY RD

404

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 04/15/2017