

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000089045

**Entity Name:** CONSTRUEMAX CONSTRUCTION LLC

**Current Principal Place of Business:**

9145 NARCOOSSEE RD.,  
SUITE 208  
ORLANDO, FL 32827

**Current Mailing Address:**

9145 NARCOOSSEE RD.,  
SUITE 208  
ORLANDO, FL 32827 US

**FEI Number:** 26-0394766

**Certificate of Status Desired:** No

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

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC  
2295 S HIAWASSE RD STE 407F  
ORLANDO, FL 32835 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            NONA GROUP LLC  
Address        2295 S HIAWASSE RD STE 407F  
City-State-Zip: ORLANDO FL 32835

Title            AMBR  
Name            WS CORPORATE SOLUTIONS, INC  
Address        6965 PIAZZA GRANDE AVE STE 407  
City-State-Zip: ORLANDO FL 32835

Title            AMBR  
Name            CN CAPITAL GROUP LLC  
Address        2211 W WASHINGTON ST  
City-State-Zip: ORLANDO FL 32805

Title            AMBR  
Name            CONSTRUEMAX CORP  
Address        325 N ORANGE BLOSSOM TRL  
City-State-Zip: ORLANDO FL 32805

*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:** THIAGO DAVILA

AMBR

02/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date