# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L16000118276

Entity Name: MAXON SERVICES, LLC.

### **Current Principal Place of Business:**

1001 SW 1ST PL CAPE CORAL, FL 33991

## **Current Mailing Address:**

1001 SW 1ST PL CAPE CORAL, FL 33991 US

# FEI Number: 81-3138267

## Name and Address of Current Registered Agent:

TURCKES, CHERYL 1005 SW 1ST PL CAPE CORAL, FL 33991 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: CHERYL TURCKES

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	AMBR
Name	MANOK, THOMAS
Address	1001 SW 1ST PL
City-State-Zip:	CAPE CORAL FL 33991

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: THOMAS MANOK

MANAGER

01/27/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 27, 2024 Secretary of State 4238136010CC

Certificate of Status Desired: No

01/27/2024 Date