

**2021 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

**Certificate of Status Desired:** No

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

TURCKES, CHERYL  
3107 SW 21ST PL  
CAPE CORAL, FL 33914 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

04/02/2021

Electronic Signature of Registered Agent

Date

**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

AMBR

04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date