

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000210410

Entity Name: MAXXCOR LLC

Current Principal Place of Business:

3000 CORAL WAY
SUITE 1006
CORAL GABLES, FL 33145

Current Mailing Address:

3000 CORAL WAY
SUITE 1006
CORAL GABLES, FL 33145

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAIORINO, CHRIS
3000 CORAL WAY
SUITE 1006
CORAL GABLES, FL 33145 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 MGR
Name MAIORINO, CHRIS
Address PO BOX 143519
City-State-Zip: CORAL GABLES FL 33114

Title MGR
Name NURSE, MARCIA
Address 3988 JEBB ISLAND CIRCLE E
City-State-Zip: JACKSONVILLE FL 32224

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: CHRIS MAIORINO

MGR

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date