

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000146717

Entity Name: MAXIMIND LLC

Current Principal Place of Business:

2145 BUCKMAN ST
JACKSONVILLE, FL 32206

Current Mailing Address:

2145 BUCKMAN ST
JACKSONVILLE, FL 32206 US

FEI Number: 82-2130107

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, GLADYS V
2145 BUCKMAN ST
JACKSONVILLE, FL 32206 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 OWNER
Name ANDERSON, GLADYS VERNEAL
Address 2145 BUCKMAN ST
City-State-Zip: JACKSONVILLE FL 32206

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: GLADYS VERNEAL ANDERSON

OWNER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date