

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000273920

**Entity Name:** TAX MAXTER LLC

**Current Principal Place of Business:**

910 WEST AVE  
904  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

910 WEST AVE  
904  
MIAMI BEACH, FL 33139

**FEI Number:** 83-2692065

**Certificate of Status Desired:** No

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

CAMBER, MAJA  
910 WEST AVE  
904  
MIAMI BEACH, FL 33139 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            VUKELIC, DURDICA  
Address        6444 COLLINS AVE APT 301  
City-State-Zip: MIAMI FL 33141

Title            AMBR  
Name            CAMBER, MAJA  
Address        910 WEST AVE APT 904  
City-State-Zip: MIAMI BEACH FL 33139

*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:** DURDICA VUKELIC

MS.

03/15/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date