

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000183164

**Entity Name:** LAUCHMAX LLC

**Current Principal Place of Business:**

28870 US HWY 19 NORTH  
SUITE 362  
CLEARWATER, FL 33761

**Current Mailing Address:**

28870 US HWY 19 NORTH  
SUITE 362  
CLEARWATER, FL 33761

**FEI Number:** 84-2551904

**Certificate of Status Desired:** No

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

ARCIERI, FRANCESCO  
28870 US HWY 19 NORTH  
SUITE 362  
CLEARWATER, FL 33761 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 ARCIERI, FRANCESCO  
Address 28870 US HWY 19 NORTH SUITE 362  
City-State-Zip: CLEARWATER FL 33761

Title AMBR  
Name MERLIN, MASSIMILIANO R  
Address VIA CESARE BATTISTI 2  
City-State-Zip: ABBIATEGRASSO MI 20081

Title MBR  
Name BOTTA, LAURA  
Address VIA CESARE BATTISTI 2  
City-State-Zip: ABBIATEGRASSO MI 20081

*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:** FRANCESCO ARCIERI

**MGR**

**04/17/2020**

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

\_\_\_\_\_  
Date