

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000275198

**Entity Name:** MAVREX, LLC.**Current Principal Place of Business:**4830 CHERRY WOOD DRIVE  
NAPLES, FL 34119**Current Mailing Address:**4830 CHERRY WOOD DRIVE  
NAPLES, FL 34119**FEI Number:** 88-2794362**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NOVATT, JEFF ESQ.  
1415 PANTHER LANE  
SUITE 432  
NAPLES, FL 34109 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	MANAGER
Name	ALAMAV, LLC
Address	4830 CHERRY WOOD DRIVE
City-State-Zip:	NAPLES FL 34119

Title	AUTHORIZED MEMBER
Name	QUALITY ENTERPRISES USA INC.
Address	3494 SHEARWATER ST
City-State-Zip:	NAPLES FL 34117

Title	AUTHORIZED REPRESENTATIVE
Name	MURRELL, ALLISON R
Address	4830 CHERRY WOOD DRIVE
City-State-Zip:	NAPLES FL 34119

Title	AUTHORIZED REPRESENTATIVE
Name	GAUDIO, LOUIS J
Address	3494 SHEARWATER ST
City-State-Zip:	NAPLES FL 34117

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:** LOUIS J GAUDIO**AUTHORIZED  
REPRESENTATIVE****02/11/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date