

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000181801

**Entity Name:** BMAX INTEGRAL SERVICES USA LLC

**Current Principal Place of Business:**

4058 13TH STREET  
#1164  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

4058 13TH STREET  
#1164  
SAINT CLOUD, FL 34769

**FEI Number:** 92-3458974

**Certificate of Status Desired:** No

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

DUARTE, DAILEY  
5516 WINONA DRIVE  
SAINT CLOUD, FL 34771 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	P	Title	MANAGER
Name	DUARTE, DAILEY	Name	ORDONEZ, GUILLERMO JOSE
Address	5516 WINONA DRIVE, #1164	Address	4058 13TH STREET #1164
City-State-Zip:	SAINT CLOUD FL 34771	City-State-Zip:	SAINT CLOUD FL 34769

*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:** DAILEY DUARTE

**PRESIDENT**

**04/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date