

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000028614**

1. Entity Name

Maxwelle Aero Ventures, LLC



FILED

03 DEC 11 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 E. Hallandale Beach Blvd

3. Mailing Address

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

# 305

Suite, Apt. #, etc.

#305

City &amp; State

Hallandale, Florida

City &amp; State

Hallandale, Florida

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

310-493-521  
**310-493-321**

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ryan Weisfisch

Street Address (P.O. Box Number is Not Acceptable)

1250 E. Hallandale Beach Blvd.

# 305

City

Hallandale

FL

Zip Code

33009

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Dec 12, 2003  
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	member manager/ Ryan Weisfisch
NAME	1250 East Hallandale Beach Blvd #305
STREET ADDRESS	Hallandale, Florida 33009
CITY-ST-ZIP	

TITLE	9/26/03 90002 022
NAME	\$ 50.00
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dec 12, 2003

Date

305-792-7800

Daytime Phone #

CR2E083B (12/02)