

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038559

Entity Name: MAXICOM LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

2491 NW 95 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2491 NW 95 ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 56-2406074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFORD, KALLIOPI
2491 NW 95 ST
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFORD, KALLIOPI
Address: PO BOX 570149
City-St-Zip: MIAMI, FL 33257

Title: MGR () Delete
Name: NAKONEWCZNYJ, ATHENA
Address: 117 ARMED A CLOW CRESCENT
City-St-Zip: ANGUS, ON LOM-1B2 CA

Title: MGR () Delete
Name: SMITH, SHADDON D
Address: 986 EDWIN REYNOLDS RD
City-St-Zip: COTTONWOOD, AL 36320 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALFORD, KALLIOPI
Address: 2491 NW 95 ST
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: K ALFORD

MGR

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date