

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022674

FILED
Apr 02, 2009
Secretary of State

Entity Name: MAXICON LLC

Current Principal Place of Business:

19585 NE 10TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

19585 NE 10TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 37-1506805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, ANDRES
19585 NE 10TH AVENUE
NORTH MIAMI BEACH, FL 33179 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: MGRM () Delete
Name: NAIERMAN, SAMUEL
Address: 19585 NE 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: KEIN, ANDRES
Address: 19585 NE 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: ILAN, WEINSTEIN
Address: 19585 NE 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ANDRES KLEIN

MGRM

04/02/2009

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