

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000044583

Entity Name: MAXON GROUPE, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5757 COLLINS AVENUE, SUITE 603  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

6853 HARDING AVENUE, SUITE 1  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

5757 COLLINS AVENUE, SUITE 603  
MIAMI BEACH, FL 33140

**New Mailing Address:**

6853 HARDING AVENUE, SUITE 1  
MIAMI BEACH, FL 33141

FEI Number: 26-2538363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WILLIAM D. GONZALEZ, P.E.  
5757 COLLINS AVENUE, SUITE 603  
MIAMI BEACH, FL 33140 US

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

WILLIAM D. GONZALEZ, P.E.  
3418 NE 210 LANE  
AVENTURA, FL 33180 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: WILLIAM D GONZALEZ

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GONZALEZ, WILLIAM D  
Address: 3418 NE 210 LANE  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: GONZALEZ, ROBERT J  
Address: 6853 HARDING AVENUE, SUITE 1  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby 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: WILLIAM D GONZALEZ

MGRM

01/05/2010

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