

L230000035975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

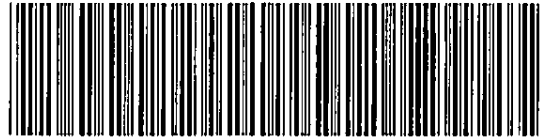
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 16 PM 2:27
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

MAR 20 11
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

MAXUM TOOL STORAGE, LLC
7025 CR 46A STE 1071-126
LAKE MARY, FL 32746

SUBJECT: MAXUM TOOL STORAGE, LLC
Ref. Number: W24000017612

We have received your document for MAXUM TOOL STORAGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 524A00002283

*Please see enclosed documents requested.
Thank you!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxum Tool Storage, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA Peterman

Name of Person

Maxum Tool Storage LLC

Firm/Company

7025 CR 46A Ste 1071-126

Address

Lake Mary, FL 32746

City/State and Zip Code

anna@maxumintlgroup.com
~~anna@maxumi~~

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: . . .

ANNA Peterman

Name of Person

at 714 , 349-7914

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount: . . .

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN11518 (2-14)

2 > OVER payment for \$35 previously paid.
Please refer to your letter of 2/2/24.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Maxum Tool Storage LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

355 S. Orange Ave. Ste 104-1360
Orlando, FL 32801

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

7025 CR 46A Ste 1071-126
LAKE MARY, FL 32746
L230000 35975

3. 1-26-23
Date of filing/registration in Florida

4. L230000 35975
Document number

5. (a) NRAI SERVICES INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 S. Pine Island Rd.
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Gary Peterman

NEW Registered Office Address:

355 S. Orange Ave. Ste. 104-1360
Orlando, FL 32801

FILED
FEB 16 2024

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anna Peterman
Signature of a member or authorized representative of a member

ANNA Peterman

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent