

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000000350

Entity Name: MAVERICK, LLC

Current Principal Place of Business:

600 N, WILLOW AVE,
SUITE 300
TAMPA, FL 33606

Current Mailing Address:

PO BOX 824
TAMPA, FL 33601 US

FEI Number: 59-3635343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LENKER, MARK N JR.
600 N, WILLOW AVE,
SUITE 300
TAMPA, FL 33601 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: MARK LENKER

10/17/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MR
Name STARK, WILLIAM R
Address PO BOX 824
City-State-Zip: TAMPA F 33601

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R. STARK

MM

10/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date