

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000039538

**Entity Name:** NIMAX, LLC

**Current Principal Place of Business:**

19195 MYSTIC POINT DR.  
BUILDING #100 #2010  
AVENTURA, FL 33180

**Current Mailing Address:**

19195 MYSTIC POINT DR.  
BUILDING #100 #2010  
AVENTURA, FL 33180

**FEI Number:** 03-0566470

**Certificate of Status Desired:** Yes

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

FAZELNIA, MAHMOUD  
19195 MYSTIC POINT DR.  
BUILDING #100 #2010  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FAZELNIA, MAHMOUD  
Address 19195 MYSTIC POINT DR.  
City-State-Zip: AVENTURA FL 33180

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAHMOUD FAZELNIA

**OWNER**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date