#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039538

Entity Name: NIMAX, LLC

19195 MYSTIC POINT DR.

# **Current Principal Place of Business:**

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: No

#### 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

**FILED** Feb 25, 2015

**Secretary of State** 

CC2783211324

### Authorized Person(s) Detail:

Title MGR

Name FAZELNIA, MAHMOUD 19195 MYSTIC POINT DR. Address 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail