

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000131584

**Entity Name:** MAX NSB, LLC

**Current Principal Place of Business:**

77 MAPLE AVE  
APT 206  
ROCKVILLE CENTER, NY 11570-4288

**Current Mailing Address:**

77 MAPLE AVE  
APT 206  
ROCKVILLE CENTER, NY 11570-4288 US

**FEI Number:** 27-4314903

**Certificate of Status Desired:** No

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

MAXWELL, MARIANNE  
350 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 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:** MARIANNE MAXWELL

02/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR MBR  
Name MAXWELL, MARIANNE MGR MBR  
Address 77 MAPLE AVE  
APT 206  
City-State-Zip: ROCKVILLE CENTER NY 11570-4288

*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:** MARIANNE MAXWELL

MANAGER

02/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date