

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124149

**Entity Name:** MAXPORT, LLC

**Current Principal Place of Business:**

3485 TORREMOLINOS AVE.  
DORAL, FL 33178

**Current Mailing Address:**

3485 TORREMOLINOS AVE.  
DORAL, FL 33178 US

**FEI Number:** 45-3714506

**Certificate of Status Desired:** No

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

GUEZIKARAIA, JAVIER E  
19380 COLLINS AVE.  
707  
SUNNY ISLES BEACH, FL 33160 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 MGRM  
Name SUAREZ, SILVANA  
Address 3485 TORREMOLINOS AVE.  
City-State-Zip: DORAL FL 33178

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:** SILVANA SUAREZ

MGRM

04/29/2013

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

\_\_\_\_\_  
Date