

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130905

**Entity Name:** TOMAXIUM FLORIDA, LLC

**Current Principal Place of Business:**

4865 47TH PLACE  
VERO BEACH, FL 32967

**Current Mailing Address:**

PO BOX 75018  
20 BLOOR STREET EAST  
TORONTO, ONTARIO M4Y 2X5 CA

**FEI Number:** 09-0895902

**Certificate of Status Desired:** No

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

INCSMART FLORIDA, INC.  
4865 47TH PLACE  
VERO BEACH, FL 32967 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 TOMAXIUM, INC., A CANADIAN CORPORATION  
Address 4865 47TH PLACE  
City-State-Zip: VERO BEACH FL 32967

Title MGR  
Name DJORDJEVIC, BRANKE  
Address 4865 47TH PLACE  
City-State-Zip: VERO BEACH FL 32967

*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:** BRANKO DJORDJEVIC

**PRESIDENT**

**03/28/2014**

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

\_\_\_\_\_  
Date