

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000012453

**Entity Name:** MAXEFFECT COMPUTERS, LLC

**Current Principal Place of Business:**

5234 28TH PLACE SW  
NAPLES, FL 34116

**Current Mailing Address:**

5234 28TH PLACE SW  
NAPLES, FL 34116 US

**FEI Number:** 45-2635547

**Certificate of Status Desired:** No

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

FROLOFF, LIZETTE M  
5234 28TH PLACE SW  
NAPLES, FL 34116 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           | AMBR                  | Title           | AMBR               |
| Name            | FROLOFF, LIONEL J SR. | Name            | FROLOFF, LIZETTE M |
| Address         | 5234 28TH PLACE SW    | Address         | 5234 28TH PLACE SW |
| City-State-Zip: | NAPLES FL 34116       | City-State-Zip: | NAPLES FL 34116    |

*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:** LIZETTE M. FROLOFF

**MANAGER**

**04/29/2015**

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

\_\_\_\_\_  
Date