

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000083211

**Entity Name:** HANDYMAX LLC

**Current Principal Place of Business:**

19220 NW 45 AV  
MIAMI GARDENS , FL 33055

**Current Mailing Address:**

19220 NW 45 AV  
MIAMI GARDENS , FL 33055 US

**FEI Number:** 47-1284619

**Certificate of Status Desired:** No

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

RIVERA, MARIA P  
19220 NW 45 AV  
MIAMI GARDENS , FL 33055 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:** MARIA RIVERA

02/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	ESCALANTE, LUIS G	Name	RIVERA, MARIA P
Address	19220 NW 45 AV	Address	19220 NW 45 AV
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055

*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:** LUIS G ESCALANTE

MR

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date