

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000013269

Entity Name: MAX ALLORE, LLC

Current Principal Place of Business:

613 SCHOOLHOUSE RD.
LAKELAND, FL 33813

Current Mailing Address:

613 SCHOOLHOUSE RD.
LAKELAND, FL 33813 US

FEI Number: 47-2933968

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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
Name ALLORE, MAXWELL S
Address 613 SCHOOLHOUSE RD.
City-State-Zip: LAKELAND FL 33813

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: MAXWELL S ALLORE

AMBR

03/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date