

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000030432

**Entity Name:** AXTREME LLC

**Current Principal Place of Business:**

737 SW 109TH AVENUE  
SUITE 100  
MIAMI, FL 33174

**Current Mailing Address:**

8632 NW 196 TER  
HIALEAH, FL 33015 US

**FEI Number:** 47-3174889

**Certificate of Status Desired:** No

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

LOPEZ, ARIEL SR  
8632 NW 196 TER  
HIALEAH, FL 33015 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	Title	MGR
Name	LOPEZ, ARIEL	Name	SILVA, YARELI
Address	8632 NW 196 TER	Address	737 SW 109TH AVENUE SUITE 100
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	MIAMI FL 33174

*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:** ARIEL LOPEZ

**PRESIDENT**

**04/10/2017**

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

\_\_\_\_\_  
Date