

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000078695

**Entity Name:** MAXALLURE SYSTEMS, LLC

**Current Principal Place of Business:**

3230 SOUTHGATE CIRCLE  
SUITE 139  
SARASOTA, FL 34239

**Current Mailing Address:**

PO BOX 39  
SARASOTA, FL 34230

**FEI Number:** 81-2348916

**Certificate of Status Desired:** No

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

RODRIGUEZ, TOMAS R  
3230 SOUTHGATE CIRCLE  
SUITE 139  
SARASOTA, FL 34239 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 RODRIGUEZ, TOMAS R  
Address 3230 SOUTHGATE CIRCLE  
SUITE 139  
City-State-Zip: SARASOTA FL 34239

*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:** TOMAS R. RODRIGUEZ

MGR

03/14/2023

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

\_\_\_\_\_  
Date