

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000210410

**Entity Name:** MAXXCOR LLC

**Current Principal Place of Business:**

3000 CORAL WAY  
SUITE 1006  
CORAL GABLES, FL 33145

**Current Mailing Address:**

3000 CORAL WAY  
SUITE 1006  
CORAL GABLES, FL 33145

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MAIORINO, CHRIS  
3000 CORAL WAY  
SUITE 1006  
CORAL GABLES, FL 33145 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 MAIORINO, CHRIS  
Address PO BOX 143519  
City-State-Zip: CORAL GABLES FL 33114

Title MGR  
Name NURSE, MARCIA  
Address 3988 JEBB ISLAND CIRCLE E  
City-State-Zip: JACKSONVILLE FL 32224

*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:** CHRIS MAIORINO

MGR

04/30/2017

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

\_\_\_\_\_  
Date