

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000092107

Entity Name: 5425 MAZE LLC

Current Principal Place of Business:

724 CAMELLIA DR
N FT MYERS, FL 33903

Current Mailing Address:

14850 FRIPP ISLAND CT
NAPLES, FL 34119 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAULERSON, DAVID M ESQ
14850 FRIPP ISLAND CT
NAPLES, FL 34119 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 TAYLOR, CHRISTOPHER
Address 724 CAMELLIA DR
City-State-Zip: N FT MYERS FL 33903

Title MGR
Name TAYLOR, CASSANDRA
Address 724 CAMELLIA DR
City-State-Zip: N FT MYERS FL 33903

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: CASSANDRA TAYLOR

MBR

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date