

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000126074

**Entity Name:** BADMZAX, LLC

**Current Principal Place of Business:**

4827 KINGS CASTLE CIRCLE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

8810 COMMODITY CIRCLE  
STE 11  
ORLANDO, FL 32819 US

**FEI Number:** 37-1861448

**Certificate of Status Desired:** Yes

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

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC  
2295 S HIAWASSEE RD STE 407F  
ORLANDO, FL 32835 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 ARDUINI MENDES, FERNANDO  
Address 4827 KINGS CASTLE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title MGR  
Name BAZANELA MENDES, PATRICIA L  
Address 4827 KINGS CASTLE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*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:** FERNANDO ARDUINI MENDES

**MANAGER**

**04/19/2018**

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

\_\_\_\_\_  
Date