

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000105694

Entity Name: THAMAX, LLC

Current Principal Place of Business:

2927 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741

Current Mailing Address:

2927 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741 US

FEI Number: 32-0568087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBOSA PIRES, ALCIONILDO
2927 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741 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 AMBR
Name BARBOSA PIRES, ALCIONILDO
Address 2927 WHITE CEDAR CIRCLE
City-State-Zip: KISSIMMEE FL 34741

Title AMBR
Name FONTOURA DE ANDRADE, MARCUS V
Address 1801 SUNDANCE CHASE RD
MINNEOLA, FL 34715-9351
City-State-Zip: MINNEOLA FL 34715

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: ALCIONILDO BARBOSA PIRES

AMBR

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date