

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000156919

Entity Name: MAXAL LABS, LLC

Current Principal Place of Business:

1546 AMARYLLIS CT.
TRINITY, FL 34655

Current Mailing Address:

1546 AMARYLLIS CT.
TRINITY, FL 34655

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXEYEV, MAXIM
1546 AMARYLLIS CT.
TRINITY, FL 34655 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 ALEXEYEV, MAXIM
Address 1546 AMARYLLIS CT.
City-State-Zip: TRINITY FL 34655

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: MAXIM ALEXEYEV

04/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date