

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000231668

**Entity Name:** MAX FIRE SECURITY, LLC

**Current Principal Place of Business:**

16500 COLLINS AVE STE 954  
SUNRISE ISLES BEACH, FL 33160

**Current Mailing Address:**

16500 COLLINS AVE STE 954  
SUNRISE ISLES BEACH, FL 33160

**FEI Number:** 84-3153152

**Certificate of Status Desired:** No

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

ELIEV, BAKHADIR  
16500 COLLINS AVE STE 954  
SUNRISE ISLES BEACH, FL 33160 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 ELIEV, BAKHADIR  
Address 16500 COLLINS AVE STE 954  
City-State-Zip: SUNRISE ISLES BEACH FL 33160

Title AMBR  
Name JOUK, OKSANA  
Address 16500 COLLINS AVE STE 954  
City-State-Zip: SUNRISE ISLES BEACH FL 33160

*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:** ELIEV , BAKHADIR

AMBR

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date