

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000100606

**Entity Name:** MAXVAX, LLC

**Current Principal Place of Business:**

320 1ST STREET NORTH  
SUITE 103  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

326 PRAIRIE STREET NORTH  
UNION SPRINGS, AL 36089 US

**FEI Number:** 85-0723561

**Certificate of Status Desired:** Yes

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

GLAZIER, GLAZIER, & DIETRICH, P.A.  
8833 PERIMETER PARK BLVD.  
SUITE 1002  
JACKSONVILLE, FL 32216 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 DUKE, LIBERTY  
Address 326 PRAIRIE STREET NORTH  
City-State-Zip: UNION SPRINGS AL 36089

Title MGR  
Name DIAL, GERALD O  
Address 326 PRAIRIE STREET NORTH  
City-State-Zip: UNION SPRINGS AL 36089

*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:** LIBERTY DUKE

**OWNER**

**01/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date