2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000100606

Entity Name: MAXVAX, LLC

Current Principal Place of Business:

320 1ST STREET NORTH, SUITE 101 JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

320 1ST STREET NORTH, SUITE 101 JACKSONVILLE BEACH. FL 32250

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

FILED Jan 06, 2022

Secretary of State

2669475011CC

Authorized Person(s) Detail:

Title MGR Title MGR, PRESIDENT Name COOPER. DWIGHT L Name LOTT. JEFFERY M

Address 320 1ST STREET NORTH, SUITE 101 Address 320 1ST STREET NORTH, SUITE 101 JACKSONVILLE BEACH FL 32250 City-State-Zip: City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGR Title MGR. SECRETARY

Name **DUKE. LIBERTY** Name BOUTWELL, WILLIAM A IV

Address 320 1ST STREET NORTH, SUITE 101 Address 320 1ST STREET NORTH, SUITE 101 JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip:

Title CFO Title MGR

BLAIR, ANDREA Name Name DIAL, GERALD O

Address 320 1ST STREET NORTH, SUITE 101 Address 320 1ST STREET NORTH, SUITE 101 City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

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: ANDREA BLAIR **CFO**