

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000464170

**Entity Name:** MAXXVIN LLC

**Current Principal Place of Business:**

4727-29 SW 51 ST.  
DAVIE, FL 33314

**Current Mailing Address:**

14661 DRAFT HORSE LANE  
WELLINGTON, FL 33414 US

**FEI Number:** 87-3349877

**Certificate of Status Desired:** Yes

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

CONTINENTAL TAX AGENCY LLC  
6435 W COMMERCIAL BLVD  
TAMARAC, FL 33319 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           MANAGER  
Name           PROFUSION VENTURES LLC  
Address       14661 DRAFT HORSE LANE  
City-State-Zip: WELLINGTON FL 33414

Title           CEO  
Name           MALAGON, STEVEN B  
Address       4727-29 SW 51ST STREET  
City-State-Zip: DAVIE FL 33414

*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:** PROFUSION VENTURES LLC

**MANAGER**

**01/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date