

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000331822

Entity Name: ALLMAX CONCEPT LLC

Current Principal Place of Business:

4500 US 1
UNIT 205B
BUNNELL, FL 32110

Current Mailing Address:

9905 OLD ST. AUGUSTINE RD
SUITE 501
JACKSONVILLE, FL 32257 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOOKKEEPING & ACCOUNTING OF FLORIDA INC
9905 OLD ST. AUGUSTINE RD
SUITE 501
JACKSONVILLE, FL 32257 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 ZON, MATEUSZ W
Address 245 EDGE PARK TRAIL
City-State-Zip: ST AUGUSTINE FL 32086

Title MGR
Name RADZIETA, LUKASZ M
Address 4500 US 1, UNIT 205B-206B
City-State-Zip: BUNNELL FL 32110

Title MGR
Name STRZELECKI, FRANCISZEK J
Address 365 BISCAYNE BLVD APT 1410
City-State-Zip: MIAMI FL 33131

Title MGR
Name GAIK, KRZYSZTOF T
Address 4500 US 1, UNIT 205B-206B
City-State-Zip: BUNNELL FL 32110

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: ZON , MATEUSZ W

MANAGER

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date