

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000031459

**Entity Name:** MAXIMUS NAIME LLC

**Current Principal Place of Business:**

6735 CONROY WINDERMERE RD  
SUITE 233  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY WINDERMERE RD  
SUITE 233  
ORLANDO, FL 32835 US

**FEI Number:** 36-5052554

**Certificate of Status Desired:** No

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

LEGIT CONSULTING SERVICES LLC  
6735 CONROY WINDERMERE RD  
SUITE 233  
ORLANDO, FL 32835 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 NAIME, TICIANA  
Address RUA AUAD MOISES, 146 JD. SAO CARLOS  
City-State-Zip: SOROCABA SP 18046-450

Title AMBR  
Name DINI, SONIA MARIA  
Address RUA SANTA MARIA, 111  
City-State-Zip: SOROCABA SP 18020-216

*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:** TICIANA NAIME

AMBR

04/25/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date