## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000040

Entity Name: CFMAX LLC

Apr 11, 2024
Secretary of State
8914776238CC

## **Current Principal Place of Business:**

BX 60448

POTOMAC, MD 20859-0448

## **Current Mailing Address:**

3545 ST JOHNS BLUFF RD S SUITE 334 JACKSONVILLE, FL 32224 US

FEI Number: 33-1097843 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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** 

Authorized Person(s) Detail:

Title MGRM Title MGR

Name AMOR, COLIN Name AMOR, KELLIE

Address 3545 ST JOHNS BLUFF RD S Address 3545 ST JOHNS BLUFF RD S

SUITE 334 SUITE 334

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224

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: COLIN AMOR MGRM 04/11/2024