

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000495

**Entity Name:** AXIONLIFT, LLC

**Current Principal Place of Business:**

480 NE 31ST ST  
SUITE 1504  
MIAMI, FL 33137

**Current Mailing Address:**

480 NE 31ST ST  
SUITE 1504  
MIAMI, FL 33137 US

**FEI Number:** 65-0974346

**Certificate of Status Desired:** No

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

GAVIGLIO, GUIDO SR.  
480 NE 31ST ST  
SUITE 1504  
MIAMI, FL 33137 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:** GUIDO GAVIGLIO

01/15/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GAVIGLIO, ENRIQUE  
Address 480 NE 31ST ST  
SUITE 1504  
City-State-Zip: MIAMI FL 33137

Title MGRM  
Name GAVIGLIO, PABLO  
Address 480 NE 31ST ST  
SUITE 1504  
City-State-Zip: MIAMI FL 33137

Title MGRM  
Name GAVIGLIO, GUIDO  
Address 480 NE 31ST ST  
SUITE 1504  
City-State-Zip: MIAMI FL 33137

Title MGRM  
Name GAVIGLIO, JUAN ENRIQUE  
Address 480 NE 31ST ST  
SUITE 1504  
City-State-Zip: MIAMI FL 33137

*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:** GUIDO GAVIGLIO

**DIRECTOR**

01/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date