

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015492

Entity Name: INDUEX, L.L.C.**Current Principal Place of Business:**7200 NW 84TH AVE
MEDLEY, FL 33166**Current Mailing Address:**2355 SALZEDO STREET
STE 205
CORAL GABLES, FL 33134 US**FEI Number:** 65-1068067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BETANCOURT, MADELEINE
7200 NW 84TH AVE
MEDLEY, FL 33166 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 MGRM
Name BETANCOURT, MADELEINE
Address 8235 NW 68TH ST
City-State-Zip: MIAMI FL 33166Title MGRM
Name BETANCOURT, PAOLA
Address 8235 NW 68TH ST
City-State-Zip: MIAMI FL 33166Title MGRM
Name BETANCOURT, HECTOR
Address 8235 NW 68TH ST
City-State-Zip: MIAMI FL 33166Title MGRM
Name BETANCOURT, ROSA NURY
Address 8235 NW 68TH ST
City-State-Zip: MIAMI FL 33166Title MGRM
Name BETANCOURT, CAROLINA
Address 8235 NW 68TH ST
City-State-Zip: MIAMI FL 33166

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: MADELEINE BETANCOURT

MGRM

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date