

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032442

**Entity Name:** HUXELL GROUP, LLC

**Current Principal Place of Business:**

568 FAIRHAVEN DRIVE  
DAVENPORT, FL 33837

**Current Mailing Address:**

568 FAIRHAVEN DRIVE  
DAVENPORT, FL 33837 US

**FEI Number:** 20-8716852

**Certificate of Status Desired:** Yes

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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                | Title           | MANAGER/AUTHORIZED MEMBER |
| Name            | HUXELL, DELIA       | Name            | HUXELL, DAN MICHAEL       |
| Address         | 568 FAIRHAVEN DRIVE | Address         | 568 FAIRHAVEN DRIVE       |
| City-State-Zip: | DAVENPORT FL 33837  | City-State-Zip: | DAVENPORT FL 33837        |

*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:** DELIA HUXELL

**MGRM**

**02/07/2019**

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

\_\_\_\_\_  
Date