

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030568

**Entity Name:** QUIX PRODUCTS LLC

**Current Principal Place of Business:**

4450 W. EAU GALLIE BLVD.  
SUITE 101  
MELBOURNE, FL 32934

**Current Mailing Address:**

PO BOX 100913  
PALM BAY, FL 32910 US

**FEI Number:** 26-4632847

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MGR  
Name PERES, TRAVIS J  
Address 270 MALABAR ROAD S.W., SUITE 118  
City-State-Zip: PALM BAY FL 32907

Title MGR  
Name PERES, THERESA E  
Address 270 MALABAR ROAD S.W., SUITE 118  
City-State-Zip: PALM BAY FL 32907

Title MGR  
Name PERES, TRAVIS J  
Address 270 MALABAR ROAD S.W., SUITE 118  
City-State-Zip: PALM BAY FL 32907

*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:** TRAVIS PERES

/MGR?

04/04/2023

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

\_\_\_\_\_  
Date