# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059661

Entity Name: FACE X, LLC

iame: FACE X, LLC

FILED
Apr 22, 2015
Secretary of State
CC9899306984

# **Current Principal Place of Business:**

20533 BISCAYNE BLVD.

STE. 1234

AVENTURA, FL 33180

# **Current Mailing Address:**

20533 BISCAYNE BLVD SUITE 1234 AVENTURA, FL 33180

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FELDMAN, ANDREW 1111KANE CONCOURSE 209

BAY HARBOR ISLANDS, FL 33154 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 MANAGER

Name ASHKELON, LLC

Address 20533 BISCAYNE BLVD

**SUITE 1234** 

City-State-Zip: AVENTURA FL 33180

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.

**AMBR** 

SIGNATURE: VOVARD MACCHI, EMILIANO M

Electronic Signature of Signing Authorized Person(s) Detail

04/22/2015

Date