

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099635

**Entity Name:** 3LOX, LLC

**Current Principal Place of Business:**

7791 NW 46TH STREET  
SUITE 219  
DORAL, FL 33166

**Current Mailing Address:**

7791 NW 46TH STREET  
SUITE 219  
DORAL, FL 33166 US

**FEI Number:** 27-3523489

**Certificate of Status Desired:** No

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

RESTREPO, FEDERICO  
7791 NW 46TH STREET  
SUITE 219  
DORAL, 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	Title	MGRM
Name	RESTREPO, FEDERICO	Name	URRUTIA, MARIA P
Address	7791 NW 46TH STREET SUITE 219	Address	7791 NW 46TH STREET SUITE 219
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	COO	Title	MANAGER
Name	ALVAREZ, AMADO	Name	RAHN, ANDRES F
Address	7791 NW 46TH STREET SUITE 219	Address	7791 NW 46TH STREET SUITE 219
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL 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:** FEDERICO RESTREPO

**MGRM**

**04/13/2021**

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

\_\_\_\_\_  
Date