

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000100465

**Entity Name:** MIFAXEL, LLC

**Current Principal Place of Business:**

MIFAXEL  
1717 N. BAYSHORE DRIVE 3141  
MIAMI, FL 33132

**Current Mailing Address:**

MIFAXEL  
PO BOX 882304  
PORT SAINT LUCIE, FL 34988 US

**FEI Number:** 30-0774598

**Certificate of Status Desired:** No

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

DAVALEX  
5602 NW NORTH CRISONA CIRCLE  
PORT SAINT LUCIE, FL 34986 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:** FREDERIQUE DAVIS PRESIDENT OF DVALEX

03/12/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name GUDUFF, CHANTAL  
Address PO BOX 882304  
City-State-Zip: PORT SAINT LUCIE FL 34988

*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:** CHANTAL GUDUFF

PRESIDENT

03/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date