

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000103761

Entity Name: BAROUX LLC**Current Principal Place of Business:**1418 COLLINS AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**1040 ROUTE DE FABREGAS
LA SEYNE SUR MER, FRANCE 83500 FR**FEI Number:** 90-0879609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEJAR, VALENTIN
18611 SW 24TH STEET
MIRAMAR, FL 33029 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:** BEJAR VALENTIN

01/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BAROUX, ALAIN
Address 1040 ROUTE DE FABREGAS
City-State-Zip: LA SEYNE SUR MER 83500

Title MANAGING MEMBER
Name GRABLY/BAROUX, SABINE
Address 1040 ROUTE DE FABREGAS
City-State-Zip: LA SEYNE SUR MER 83500

Title AUTHORIZED MEMBER
Name BAROUX, SAMUEL
Address 1040 ROUTE DE FABREGAS
City-State-Zip: LA SEYNE SUR MER 83500

Title AUTHORIZED MEMBER
Name BAROUX, DANIEL
Address 1040 ROUTE DE FABREGAS
City-State-Zip: LA SEYNE SUR MER 83500

Title AUTHORIZED MEMBER
Name BAROUX, RAPHAEL
Address 1040 ROUTE DE FABREGAS
City-State-Zip: LA SEYNE SUR MER FRANCE 83500

Title AUTHORIZED MEMBER
Name BAROUX, DAVID
Address 1040 ROUTE DE FABREGAS
City-State-Zip: LA SEYNE SUR MER FRANCE 83500

Title AUTHORIZED MEMBER
Name TRAVERS, CHRISTOPHER
Address 1418 COLLINS AVE
City-State-Zip: MIAMI BEACH FL 33139

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: ALAIN BAROUX

MGRM

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date