

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000052461

**Entity Name:** HEXSKIN LLC

**Current Principal Place of Business:**

8555 NORTHWEST 29TH STREET  
DORAL, FL 33122

**Current Mailing Address:**

8555 NORTHWEST 29TH STREET  
DORAL, FL 33122 US

**FEI Number:** 46-3872281

**Certificate of Status Desired:** No

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

VILLEGAS, DAVID  
8555 NORTHWEST 29TH STREET  
DORAL, FL 33122 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  
Name VILLEGAS, DAVID  
Address 8555 NORTHWEST 29TH STREET  
City-State-Zip: DORAL FL 33122

*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:** DAVID VILLEGAS

**OWNER**

**03/03/2024**

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

\_\_\_\_\_  
Date