

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000130306

**Entity Name:** ARTEX SUPPLY LLC

**Current Principal Place of Business:**

5091 NW 7TH STREET  
1201  
MIAMI, FL 33126

**Current Mailing Address:**

8345 NW 66TH STREET  
2054  
MIAMI, FL 33126 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MENEGALDO VOLCANES, JOSE A  
5091 NW 7TH STREET  
1201  
MIAMI, FL 33177 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 MENEGALDO VOLCANES, JOSE A  
Address 5091 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

*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:** JOSE MENEGALDO VOLCANES

MGRM

04/30/2014

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

\_\_\_\_\_  
Date