

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028589

**Entity Name:** PUREFIX DTOX, LLC

**Current Principal Place of Business:**

2790 BRICKELL CT.  
MIAMI, FL 33129

**Current Mailing Address:**

2790 BRICKELL CT.  
MIAMI, FL 33129 US

**FEI Number:** 46-4888422

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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 XACUR, ALEJANDRA  
Address 2790 BRICKELL CT.  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name FARRERA, CAROLINA  
Address 901 BRICKELL KEY BLVD, APT 2606  
City-State-Zip: MIAMI FL 33131

*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:** ALEJANDRA XACUR

MGRM

04/21/2015

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

\_\_\_\_\_  
Date