

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000123606

**Entity Name:** AXIO BUSINESS PARTNERS, LLC.

**Current Principal Place of Business:**

304 INDIAN TRACE  
#800  
WESTON, FL 33326

**Current Mailing Address:**

304 INDIAN TRACE  
#800  
WESTON, FL 33326

**FEI Number:** 37-1763657

**Certificate of Status Desired:** No

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

GARCIA GOODING, GUSTAVO A  
1546 SANDPIPER CIRCLE  
WESTON, FL 33327 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 AMBR  
Name GARCIA GOODING, GUSTAVO A  
Address 1546 SANDPIPER CIRCLE  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name MORALES, CARLOS E  
Address 1707 WINTERBERRY LN.  
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER  
Name LATASA, PABLO  
Address 304 INDIAN TRACE  
#800  
City-State-Zip: WESTON FL 33326

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:** CARLOS E. MORALES

**AUTHORIZED MEMBER**

**02/09/2015**

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

\_\_\_\_\_  
Date