

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000182267

**Entity Name:** VOXX HQ LLC

**Current Principal Place of Business:**

2351 J LAWSON BLVD  
ORLANDO, FL 32824

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**0556823124CC**

**Current Mailing Address:**

CORPORATE TAX DEPARTMENT  
180 MARCUS BLVD  
HAUPPAUGE, NY 11788 US

**FEI Number:** 47-3096245

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 VOXX INTERNATIONAL CORPORATION  
Address 180 MARCUS BLVD.  
City-State-Zip: HAUPPAUGE NY 11788

Title VP  
Name STOEHR, CHARLES M  
Address CORPORATE TAX DEPARTMENT  
180 MARCUS BLVD  
City-State-Zip: HAUPPAUGE NY 11788

Title PRESIDENT  
Name LAVELLE, PATRICK  
Address CORPORATE TAX DEPARTMENT  
180 MARCUS BLVD  
City-State-Zip: HAUPPAUGE NY 11788

Title VP, COO  
Name SHELTON, LORIANN  
Address CORPORATE TAX DEPARTMENT  
180 MARCUS BLVD  
City-State-Zip: HAUPPAUGE NY 11788

*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:** CHARLES M STOEHR

**VICE PRESIDENT**

**04/03/2024**

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

\_\_\_\_\_  
Date