

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000026837

**Entity Name:** LGX INVESTMENTS LLC

**Current Principal Place of Business:**

4816 CAY VIEW AVENUE.,#304  
BUILDING 11  
ORLANDO, FL 32819

**Current Mailing Address:**

P.O. BOX 692073  
ORLANDO, FL 32869 US

**FEI Number:** 30-0856516

**Certificate of Status Desired:** No

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

GERONASSO, LAERCIO  
4816 CAY VIEW AVENUE.,#304  
BUILDING 11  
ORLANDO, FL 32819 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 GERONASSO, LAERCIO  
Address 4816 CAY VIEW AVENUE.,#304  
BUILDING 11  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name GERONASSO, MATHEUS WILLIAN  
Address 4816 CAY VIEW AVENUE.,#304  
BUILDING 11  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name GERONASSO , MARCIA DE FATIMA  
Address 4816 CAY VIEW AVENUE.,#304  
BUILDING 11  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name GERONASSO, MAHALA M  
Address 4816 CAY VIEW AVENUE.,#304  
BUILDING 11  
City-State-Zip: ORLANDO FL 32819

*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:** MAHALA M GERONASSO

AMBR

02/07/2020

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

\_\_\_\_\_  
Date