

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000118403

**Entity Name:** DORLEXA REAL ESTATE, LLC

**Current Principal Place of Business:**

99 SE MIZNER BLVD. #527  
BOCA RATON, FL 33432

**Current Mailing Address:**

99 SE MIZNER BLVD. #527  
BOCA RATON, FL 33432

**FEI Number:** 20-2741357

**Certificate of Status Desired:** No

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

AXELROD, TERRI J  
99 SE MIZNER BLVD. #527  
BOCA RATON, FL 33432 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 AUTHORIZED MEMBER  
Name AXELROD, TERRI  
Address 99 SE MIZNER BLVD. #527  
City-State-Zip: BOCA RATON FL 33432

Title AUTHORIZED MEMBER  
Name AXELROD, RANDY C  
Address 99 SE MIZNER BLVD. #527  
City-State-Zip: BOCA RATON FL 33432

Title MANAGER  
Name AXELROD, RANDY  
Address 99 SE MIZNER BLVD  
UNIT 527  
City-State-Zip: BOCA RATON FL 33432

*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:** RANDY C AXELROD

MANAGER

04/27/2022

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

\_\_\_\_\_  
Date