

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000018201

**Entity Name:** BLS VIXBOX, LLC

**Current Principal Place of Business:**

4775 COLLINS AVE  
#4405  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4775 COLLINS AVE  
#4405  
MIAMI BEACH, FL 33140 US

**FEI Number:** 81-1339018

**Certificate of Status Desired:** No

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

ZARCO EINHORN SALKOWSKI & BRITO PA  
100 S.E. 2ND STREET  
SUITE 2700  
MIAMI, FL 33131 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 MGR  
Name SKOLNICK, BARRY  
Address 4775 COLLINS AVE., #4405  
City-State-Zip: MIAMI BEACH FL 33140

*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:** BARRY SKOLNICK

MGR

01/12/2017

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

\_\_\_\_\_  
Date