

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000045374

**Entity Name:** IXLA, LLC

**Current Principal Place of Business:**

RIVIERA POINT BUSINESS CENTER  
1500 NW 89TH CT UNIT 110  
DORAL, FL 33172

**Current Mailing Address:**

RIVIERA POINT BUSINESS CENTER  
1500 NW 89TH CT UNIT 110  
DORAL, FL 33172 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

CASTELLI, ANTONIO  
1200 S.W. 125TH AVENUE  
#L404  
PEMBROKE PINES, FL 33027 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 CASTELLI, ANTONIO  
Address 1200 S.W. 125TH AVENUE, #L404  
City-State-Zip: PEMBROKE PINES FL 33027

Title AUTHORIZED MEMBER  
Name IXLA SRL  
Address 1200 S.W. 125TH AVENUE, #L404  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** CRAIG A SACKLER

**ATTORNEY**

**04/30/2019**

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

\_\_\_\_\_  
Date