

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000056434

**Entity Name:** AXELKYM LLC

**Current Principal Place of Business:**

3901 S OCEAN DR  
UNIT # C16U  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1109 ALEXANDER BEND  
WESTON, FL 33326

**FEI Number:** 81-1930236

**Certificate of Status Desired:** No

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

ARGENTAX LLC  
2750 NE 183 ST., #602  
AVENTURA, FL 33160 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 RAMIREZ, ALICIA  
Address 1109 ALEXANDER BEND  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name LAGE SEARA, DANIEL  
Address 20801 BISCAYNE BLVD 403  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name CANELLA BERNAL, SAALBNDRA E  
Address 20801 BISCAYNE BLVD 403  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name ALBARRACIN CANELLA, AXEL A  
Address 20801 BISCAYNE BLVD 403  
City-State-Zip: AVENTURA FL 33180

*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:** ALICIA RAMIREZ

**MGR**

**04/25/2017**

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

\_\_\_\_\_  
Date