

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255043

**Entity Name:** ITAX GROUP LLC

**Current Principal Place of Business:**

4040 W WATERS AVE STE 102  
TAMPA, FL 33614

**Current Mailing Address:**

4040 W WATERS AVE STE102  
TAMPA, FL 33614 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DA SILVA, RODRIGO S  
4040 W WATERS AVE STE102  
TAMPA, FL 33614 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 DA SILVA, RODRIGO S  
Address 4040 W WATERS AVE STE 102  
City-State-Zip: TAMPA FL 33614

Title MANAGER  
Name SILVA, INGRID  
Address 4040 W WATERS AVE STE 102  
City-State-Zip: TAMPA FL 33614

*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: RODRIGO DA SILVA**

AMBR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date