

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000172867

**Entity Name:** ETXE MANAGEMENT, LLC

**Current Principal Place of Business:**

C/O MIAMI CORPORATE SYSTEMS, LLC  
2555 PONCE DE LEON BLVD. STE 600  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O MIAMI CORPORATE SYSTEMS, LLC  
2555 PONCE DE LEON BLVD. STE 600  
CORAL GABLES, FL 33134 US

**FEI Number:** 35-2671159

**Certificate of Status Desired:** No

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

MIAMI CORPORATE SYSTEMS, LLC  
2555 PONCE DE LEON BLVD. STE 600  
CORAL GABLES, FL 33134 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                        | Title           | MGR                           |
| Name            | HOLSCHNEIDER, KAREN ANDREA | Name            | ECHAVE MARTINEZ, LUIS ANTONIO |
| Address         | 16892 CHARLES RIVER DRIVE  | Address         | 16892 CHARLES RIVER DRIVE     |
| City-State-Zip: | DELRAY BEACH FL 33446      | City-State-Zip: | DELRAY BEACH FL 33446         |

*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:** LUIS ANTONIO ECHAVE MARTINEZ

**MANAGER**

**07/08/2020**

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

\_\_\_\_\_  
Date