

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000286479

**Entity Name:** SITEX COWORKING CONCEPTS, LLC

**Current Principal Place of Business:**

3801 AVALON PARK E BLVD  
SUITE 400  
ORLANDO, FL 32828

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**6624588769CC**

**Current Mailing Address:**

3801 AVALON PARK E BLVD  
SUITE 400  
ORLANDO, FL 32828 US

**FEI Number: 84-3709821**

**Certificate of Status Desired: No**

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

DEFILLO, MARYBEL  
3801 AVALON PARK E BLVD  
SUITE 400  
ORLANDO, FL 32828 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 SITEX PROPERTIES USA, INC  
Address 3801 AVALON PARK E BLVD  
SUITE 400  
City-State-Zip: ORLANDO FL 32828

Title VP  
Name DEFILLO, MARYBEL  
Address 3801 AVALON PARK E BLVD  
SUITE 400  
City-State-Zip: ORLANDO FL 32828

Title PRESIDENT  
Name KAHLI, BEAT  
Address 3801 AVALON PARK E BLVD  
SUITE 400  
City-State-Zip: ORLANDO FL 32828

Title SECRETARY  
Name SOFARELLI, JOHN JR.  
Address 3801 AVALON PARK E BLVD  
SUITE 400  
City-State-Zip: ORLANDO FL 32828

*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: MARYBEL DEFILLO**

**VP**

**04/27/2021**

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

\_\_\_\_\_  
Date