

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000058050

**Entity Name:** PASSIVO, LLC

**Current Principal Place of Business:**

1172 SOUTH DIXIE HWY  
#605  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 SOUTH DIXIE HWY  
#605  
CORAL GABLES, FL 33146 US

**FEI Number:** 84-4901280

**Certificate of Status Desired:** No

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

STONEBRAKER, EVERETT CHARLES  
1172 SOUTH DIXIE HWY  
#605  
CORAL GABLES, FL 33141 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:** EVERETT CHARLES STONEBRAKER

03/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name STONEBRAKER, EVERETT  
Address 1172 SOUTH DIXIE HWY, #605  
City-State-Zip: CORAL GABLES FL 33146

Title AMBR  
Name LEE DECAN, LENNON  
Address 7525 E TREASURE DR, UNIT 102  
City-State-Zip: MIAMI BEACH FL 33141

*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:** EVERETT CHARLES STONEBRAKER

MANAGER

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date