that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JUAN PEDRO KLOOSTERBOER MGR

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

KLOOSTERBOER, JUAN P SR 500 BAYVIEW DR

Electronic Signature of Registered Agent

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.

MIAMI, FL 33160 US

524

SIGNATURE:

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Authorized Person(s) Detail :			
Title	MGR	Title	AUTHORIZED MEMBER
Name	KLOOSTERBOER, JUAN P SR	Name	KLOOSTERBOER , TOMAS
Address	500 BAYVIEW DR 524	Address	500 BAYVIEW DR
City-State-Zip:	MIAMI FL 33160	City-State-Zip:	524 MIAMI 33160
		City-State-Zip:	IVITAIVII 33100

Name and Address of Current Registered Agent:

500 BAYVIEW DR

Current Mailing Address:

500 BAYVIEW DR 524 MIAMI, FL 33160 UN

Entity Name: ELEO X LIMITED LIABILITY COMPANY

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000224092

Current Principal Place of Business:

524 MIAMI, FL 33160

FEI Number: 85-2446125

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 04, 2023 Secretary of State 9484404155CC

Certificate of Status Desired: No

04/04/2023 Date

Date