

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000346599

**Entity Name:** IXPORMiami, LLC

**Current Principal Place of Business:**

20400 W COUNTRY CLUB DR.  
APT. 205  
AVENTURA, FL 33180

**Current Mailing Address:**

20400 W COUNTRY CLUB DR.  
APT. 205  
AVENTURA, FL 33180

**FEI Number:** 86-2157554

**Certificate of Status Desired:** No

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

LEON, RUTH M  
20400 W COUNTRY CLUB DR.  
APT. 205  
AVENTURA, FL 33180 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 LEON, RUTH M  
Address 20400 W COUNTRY CLUB DR. APT.  
205  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name LEON, JOHN C  
Address 20400 W COUNTRY CLUB DR. APT.  
205  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name MENDOZA, SARA  
Address 20400 COUNTRY CLUB DR. APT. 205  
City-State-Zip: AVENTURA FL 33180

*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:** JOHN LEON

MGR

01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date