

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000180347

**Entity Name:** IFIX DRYWALL LLC

**Current Principal Place of Business:**

386 S HALIFAX DR  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

386 S HALIFAX DR  
ORMOND BEACH, FL 32176 US

**FEI Number: 86-3638713**

**Certificate of Status Desired: Yes**

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

ARCHUNDIA, MIGUEL A  
386 S HALIFAX DR  
ORMOND BEACH, FL 32176 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 ARCHUNDIA, MIGUEL A  
Address 213 N 3RD ST  
City-State-Zip: FLAGLER BEACH FL 32136

*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: MIGUEL ARCHUNDIA**

**OWNER**

**04/11/2023**

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

\_\_\_\_\_ Date