

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000335693

**Entity Name:** HBX FULFILLMENT LLC

**Current Principal Place of Business:**

10900 NW 97TH STREET  
MEDLEY, FL 33178

**Current Mailing Address:**

10900 NW 97TH STREET  
MEDLEY, FL 33178

**FEI Number:** 87-1833237

**Certificate of Status Desired:** No

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

VASZ, LOUIS  
10900 NW 97TH STREET  
MEDLEY, FL 33178 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 AP  
Name VASZ, LOUIS  
Address 10900 NW 97TH STREET  
City-State-Zip: MEDLEY FL 33178

Title AP  
Name BURNS, BRIAN P  
Address 10900 NW 97TH STREET  
City-State-Zip: MEDLEY FL 33178

*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:** BURNS , BRIAN P

AP

01/24/2023

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

\_\_\_\_\_  
Date