

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000027477

**Entity Name:** QUALIX,LLC

**Current Principal Place of Business:**

3191 CORAL WAY, SUITE #404A  
MIAMI, FL 33145

**Current Mailing Address:**

3191 CORAL WAY, SUITE#404A  
MIAMI, FL 33145

**FEI Number: 88-0567690**

**Certificate of Status Desired: No**

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

FROMETA, ALEXIS  
3191 CORAL WAY, SUITE#404A  
MIAMI, FL 33145 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 FERNANDO RAMIRO ABAD  
Address 3191 CORAL WAY, SUITE #404A  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name SEBASTIAN EDUARDO DOURS  
Address 3191 CORAL WAY, SUITE #404A  
City-State-Zip: MIAMI FL 33145

Title AMBR  
Name EZEQUIEL PABLO MAIO  
Address 3191 CORAL WAY, SUITE #404A  
City-State-Zip: MIAMI FL 33145

Title AMBR  
Name SCARABINO, FEDERICO  
Address 3191 CORAL WAY, SUITE #404A  
City-State-Zip: MIAMI FL 33145

Title AMBR  
Name MARCELA INES BROOK  
Address 3191 CORAL WAY, SUITE #404A  
City-State-Zip: MIAMI FL 33145

Title AMBR  
Name ALEO EMMANUEL BERTOLO  
Address 3191 CORAL WAY, SUITE #404A  
City-State-Zip: MIAMI FL 33145

*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: FERNANDO RAMIRO ABAD**

**MGR**

**05/01/2024**

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

\_\_\_\_\_  
Date