••••=	TON, FLORIDA 33496 CA			
FEI Number: 38-4218005			Certificate of Status Desired: Yes	
Name and	Address of Current Registered Age	ent:		
	L FALLS DR N, FL 33496 US			
The above nan	ned entity submits this statement for the purpose of cl	hanging its registered office or re	gistered agent, or both, in the State of I	Florida.
SIGNATUR	RE: LAURENT BENCHETRIT			04/30/2024
	Electronic Signature of Registered Agent			Date
Authorize	d Person(s) Detail :			
Title	AMBR	Title	AMBR	
Name	BENCHETRIT, LAURENT	Name	GELERMAN, ELIZABETH	

Address

City-State-Zip:

8116 LAUREL FALLS DR

BOCA RATON FLORIDA 33496

**Current Principal Place of Business:** 1878 DR ANDRES WAY UNIT 44 DELRAY BEACH, FLORIDA 33445

DOCUMENT# L22000113389

Entity Name: NEWTRO LLC

## **Current Mailing Address:**

8116 LAUREL FALLS DR B

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8116 LAUREL FALLS DR

City-State-Zip: BOCA RATON FLORIDA 33496

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Address

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: LAURENT ISAAC BENCHETRIT	CEO	04/30/2024
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Electronic Signature of Signing Authorized Person(s) Detail

Date