

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000000319

**Entity Name:** IT X TECHNOLOGICAL INVESTMENTS LLC

**Current Principal Place of Business:**

15822 WEST STATE RD 84  
SUNRISE, FL 33326

**Current Mailing Address:**

2645 EXECUTIVE PARK DR  
SUITE 354  
WESTON, FL 33331 US

**FEI Number:** 99-1948793

**Certificate of Status Desired:** No

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

GODOY, PRAT  
2645 EXECUTIVE PARK DR  
SUITE 354  
WESTON, FL 33331 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 GODOY, PRAT  
Address 2645 EXECUTIVE PARK DR, SUITE 354  
City-State-Zip: WESTON FL 33331

Title AMBR  
Name D'ALESSANDRO, CESIDIO  
Address MONTANA ALTA, COLINAS DE CARRIZAL  
URBANIZACION PAN DE AZUCAR, CASA RES TIERRA AZUL82A.  
City-State-Zip: CARRIZAL MIRANDA 1203

Title AMBR  
Name MONASTERIO, NATHALYE  
Address MONTANA ALTA, COLINAS DE CARRIZAL  
URBANIZACION PAN DE AZUCAR, CASA RES TIERRA AZUL82A.  
City-State-Zip: CARRIZAL MIRANDA 1203

*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:** PRAT GODOY

MGRM

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date