

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000006830

**Entity Name:** GENNX360 MANAGEMENT COMPANY LLC**Current Principal Place of Business:**222 LAKEVIEW AVENUE  
SUITE 930  
WEST PALM BEACH, FL 33401**Current Mailing Address:**222 LAKEVIEW AVENUE  
SUITE 930  
WEST PALM BEACH, FL 33401 US**FEI Number:** 84-1703428**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TROTTER, LLOYD  
222 LAKEVIEW AVENUE  
SUITE 930  
WEST PALM BEACH, FL 33401 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:** LLOYD TROTTER

04/09/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING PARTNER  
Name TROTTER, LLOYD  
Address 222 LAKEVIEW AVENUE  
SUITE 930  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGING PARTNER  
Name YORT, W MONTAGUE  
Address P.O. BOX 2697  
1114 MAIN AVENUE  
City-State-Zip: CLIFTON NJ 07015

Title MANAGING PARTNER  
Name BLAYLOCK, RONALD E  
Address P.O. BOX 2697  
1114 MAIN AVENUE  
City-State-Zip: CLIFTON NJ 07015

Title CFO  
Name TONY, SUMIT  
Address P.O. BOX 2697  
1114 MAIN AVENUE  
City-State-Zip: CLIFTON NJ 07015

Title MANAGING PARTNER  
Name DUFRESNE, DAPHNE  
Address P.O. BOX 2697  
1114 MAIN AVENUE  
City-State-Zip: CLIFTON NJ 07015

*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:** SUMIT TONY

CFO

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date