

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005477

**Entity Name:** FLEXXBUY LLC

**Current Principal Place of Business:**

540 NW UNIVERSITY BLVD  
SUITE 209  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

540 NW UNIVERSITY BLVD  
SUITE 209  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 47-1137089

**Certificate of Status Desired:** No

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

LOVINGER, ROBERT  
6331 NW TOPAZ WAY  
PORT ST LUCIE, FL 34986 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 P  
Name LOVINGER, ROBERT  
Address 6331 NW TOPAZ WAY  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** ROBERT LOVINGER

**PRESIDENT**

**04/24/2019**

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

\_\_\_\_\_  
Date