

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000065896

**Entity Name:** ARDISIA BRICKELL LUX, INC.

**Current Principal Place of Business:**

C/O MITCHELL B. KIRSCHNER, ESQ.  
2255 GLADES ROAD SUITE 301E  
BOCA RATON, FL 33431

**Current Mailing Address:**

C/O MITCHELL B. KIRSCHNER, ESQ.  
2255 GLADES ROAD SUITE 301E  
BOCA RATON, FL 33431 US

**FEI Number:** 32-0449860

**Certificate of Status Desired:** No

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

GRAY ROBINSON P.A.  
C/O MITCHELL B. KIRSCHNER, ESQ.  
2255 GLADES ROAD SUITE 301E  
BOCA RATON, FL 33431 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

**Officer/Director Detail :**

Title	P, T	Title	VP, S
Name	SALHOFER, PATRICK	Name	SALHOFER, CHRISTIAN
Address	C/O MITCHELL B. KIRSCHNER, ESQ. 2255 GLADES ROAD SUITE 301E	Address	C/O MITCHELL B. KIRSCHNER, ESQ. 2255 GLADES ROAD SUITE 301E
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTIAN SALHOFER

**VICE PRESIDENT**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date