# 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: ANTONIO ANDUX AND SON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000105851

### Entity Name: ANTONIO ANDUX & SON LLC

#### **Current Principal Place of Business:**

**512 CAROLYNE ST** TEMPLE TERRACE, FL 33617

### **Current Mailing Address:**

**512 CAROLYNE ST** TEMPLE TERRACE. FL 33617 US

### FEI Number: 30-0648726

### Name and Address of Current Registered Agent:

ANDUX, TONY C **512 CAROLYNE ST** TEMPLE TERRACE, FL 33617 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

### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ANDUX, ANTONIO	Name	ANDUX, TONY C
Address	512 CAROLYNE ST	Address	512 CAROLYNE ST
City-State-Zip:	TEMPLE TERRACE FL 33617	City-State-Zip:	TEMPLE TERRACE FL 33617

OWNER

01/23/2022 Date

## FILED Jan 23, 2022 Secretary of State 7829385303CC

Certificate of Status Desired: No

Date