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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000105851

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

that my name appears above, or on an attachment with all other like empowered. 04/14/2019 SIGNATURE: TONY ANDUX MGRM

Certificate of Status Desired: No

Date

Date