

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000041388

**Entity Name:** MODULEX MIAMI LLC

**Current Principal Place of Business:**

14NE 1ST. AVE.  
SUITE 707  
MIAMI, FL 33132

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**6339341435CC**

**Current Mailing Address:**

14NE 1ST. AVE.  
SUITE 707  
MIAMI, FL 33132 US

**FEI Number:** 42-1774460

**Certificate of Status Desired:** No

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

ACOSTA, ESTEBAN ESQ.  
4850 NW 99TH CT  
APT 1426  
DORAL, FL 33178 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:** ACOSTA ESTEBAN ESQ.

04/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            STAALESEN, KETIL MOLBACH  
Address        14NE 1ST. AVE.  
                 SUITE 707  
City-State-Zip: MIAMI FL 33132

Title            PARTNER  
Name            WEIR, PATRICK  
Address        14NE 1ST. AVE.  
                 SUITE 707  
City-State-Zip: MIAMI FL 33132

Title            MANAGING PARTNER  
Name            SERRANO, PAULA GOMEZ  
Address        14NE 1ST. AVE.  
                 SUITE 707  
City-State-Zip: MIAMI FL 33132

*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:** KETIL MOLBACH STAALESEN

**OWNER**

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date