

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193732

**Entity Name:** GONZBAX LLC

**Current Principal Place of Business:**

3105 NW 107  
SUITE 400-M1  
DORAL, FL 33172

**Current Mailing Address:**

PO BOX 328  
SHERMAN, CT 06784 US

**FEI Number:** 47-2638756

**Certificate of Status Desired:** No

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

ARCAACCOUNTING & BUSINESS SOLUTIONS, INC  
3105 NW 107  
SUITE 400-M1  
DORAL, FL 33172 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 MGR  
Name BAXTER, BROOKE T  
Address PO BOX 328  
City-State-Zip: SHERMAN CT 06784

Title MGR  
Name HUNSBERG-BAXTER, CLAUDIA  
Address PO BOX 328  
City-State-Zip: SHERMAN CT 06784

*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:** BROOKE BAXTER

**MANAGER**

**03/02/2020**

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

\_\_\_\_\_  
Date