

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193732

**Entity Name:** GONZBAX LLC

**Current Principal Place of Business:**

3785 NW 82 AVENUE, SUITE 104  
MIAMI, FL 33166

**Current Mailing Address:**

3785 NW 82 AVENUE, SUITE 104  
MIAMI, FL 33166

**FEI Number:** 47-2638756

**Certificate of Status Desired:** No

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

ARCAACCOUNTING & BUSINESS SOLUTIONS, INC  
3785 NW 82 AVENUE, SUITE 104  
MIAMI, FL 33166 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                          | Title           | MGR                          |
| Name            | BAXTER, BROOKE T             | Name            | HUNSBERG-BAXTER, CLAUDIA     |
| Address         | 3785 NW 82 AVENUE, SUITE 104 | Address         | 3785 NW 82 AVENUE, SUITE 104 |
| City-State-Zip: | MIAMI FL 33166               | City-State-Zip: | MIAMI FL 33166               |

*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:** CLAUDIA HUNSBERG-BAXTER

**MANAGER**

**03/14/2016**

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

\_\_\_\_\_  
Date