

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000041995

**Entity Name:** RGROVX, LLC

**Current Principal Place of Business:**

8849 NW 119 ST  
APT. 207  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

8849 NW 119 ST  
APT. 207  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 81-1706946

**Certificate of Status Desired:** Yes

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

REYES SERRA, LEXTER  
8849 NW 119 ST  
APT 207  
HIALEAH GARDENS, FL 33018 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            REYES SERRA, LEXTER  
Address        8849 NW 119 ST  
                  APT 207  
City-State-Zip: HIALEAH GARDENS FL 33018

Title            AR  
Name            GROVAS GARCIA, RITA M  
Address        8849 NW 119 ST  
                  APT 207  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** LEXTER REYES SERRA

MGR

03/14/2017

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

\_\_\_\_\_  
Date