

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000121389

**Entity Name:** AXCON INTERNATIONAL, LLC

**Current Principal Place of Business:**

914 DOLPHIN DRIVE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

P.O. BOX 101158  
CAPE CORAL, FL 33910 US

**FEI Number:** 32-0503543

**Certificate of Status Desired:** No

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

SCHWEIZER, JUERG  
914 DOLPHIN DRIVE  
CAPE CORAL, FL 33904 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:** SCHWEIZER JUERG

02/27/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SCHWEIZER-BULT, MONIQUE  
Address PO BOX 101158  
City-State-Zip: CAPE CORAL FL 33910

Title AMBR  
Name SCHWEIZER, JUERG  
Address PO BOX 101158  
City-State-Zip: CAPE CORAL FL 33910

*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:** JUERG SCHWEIZER

AMBR

02/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date