

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000077110

**Entity Name:** ALXE, LLC

**Current Principal Place of Business:**

15493 SW 276 ST  
HOMESTEAD, FL 33032

**Current Mailing Address:**

P.O. BOX 570001  
MIAMI, FL 33257

**FEI Number:** 82-1115331

**Certificate of Status Desired:** No

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

PENA, ALEXIS  
15493 SW 276 STREET  
HOMESTEAD, FL 33032 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	PENA, ALEXIS	Name	PENA, XENIA
Address	P.O. BOX 570001	Address	P.O. BOX 570001
City-State-Zip:	MIAMI FL 33257	City-State-Zip:	MIAMI FL 33257

*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:** ALEXIS PENA

**MGR**

**04/29/2019**

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

\_\_\_\_\_  
Date