

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000133642

Entity Name: NATURALISTIX LLC

Current Principal Place of Business:

5455 NORTH FEDERAL HIGHWAY
STE O
BOCA RATON, FL 33487

FILED
Sep 18, 2022
Secretary of State
9621552125CC

Current Mailing Address:

5455 NORTH FEDERAL HIGHWAY
STE O
BOCA RATON, FL 33487 US

FEI Number: 82-1966996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FURMAN, ADAM
5455 NORTH FEDERAL HIGHWAY
STE O
BOCA RATON, FL 33487 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 AMBR
Name SAIBOT MEDIA INC.
Address 5455 NORTH FEDERAL HIGHWAY
STE O
City-State-Zip: BOCA RATON FL 33487

Title CO- CEO
Name BEER, ALEX
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CO-CEO
Name BEER, MATTHEW
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CFO
Name MICHAEL, ALEX
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CHAIRMAN
Name WILSON, RUSS
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP
Name WESTER, FOREST
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP
Name HAPAK, FRANK
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP, SECRETARY
Name GERSHMAN, DAVID
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Continues on page 2

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: MICHELSA CALDERON

ASST. SECRETARY

09/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name CALDERON, MICHELSA
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146