

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**

DOCUMENT# L17000133642

**Apr 29, 2024**

**Entity Name:** NATURALISTIX LLC

**Secretary of State  
8401111025CC**

**Current Principal Place of Business:**

5455 NORTH FEDERAL HIGHWAY  
STE O  
BOCA RATON, FL 33487

**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:**

COGENCY GLOBAL INC.  
115 N CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 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:** XAVIAN BROWN

04/29/2024

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 2811 PONCE DE LEON BLVD, STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP  
Name WESTER, FOREST  
Address 2811 PONCE DE LEON BLVD, STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP  
Name HAPAK, FRANK  
Address 2811 PONCE DE LEON BLVD, STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP, SECRETARY  
Name GERSHMAN, DAVID  
Address 2811 PONCE DE LEON BLVD, STE 400  
City-State-Zip: CORAL GABLES FL 33134

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*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**

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY  
Name CALDERON, MICHELSA  
Address 2811 PONCE DE LEON BLVD, SUITE 400  
City-State-Zip: CORAL GABLES FL 33134