

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247981

**Entity Name:** L.FAX, LLC

**Current Principal Place of Business:**

7071 W. COMMERCIAL BLVD.  
SUITE 2A  
TAMARAC, FL 33319

**Current Mailing Address:**

7071 W. COMMERCIAL BLVD.  
SUITE 2A  
TAMARAC, FL 33319 US

**FEI Number:** 83-2586308

**Certificate of Status Desired:** No

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

GENET, BENJAMIN J  
7071 W. COMMERCIAL BLVD.  
SUITE 2A  
TAMARAC, FL 33319 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 L.FAX MM, LLC  
Address 7071 W. COMMERCIAL BLVD.  
SUITE 2A  
City-State-Zip: TAMARAC FL 33319

Title AUTHORIZED MEMBER  
Name GENET, BENJAMIN  
Address 7071 W. COMMERCIAL BLVD  
STE 2A  
City-State-Zip: TAMARAC FL 33319

*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:** BENJAMIN GENET

**MBR**

**02/29/2024**

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

\_\_\_\_\_  
Date