

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000167164

**Entity Name:** SAREX BOCA LLC

**Current Principal Place of Business:**

15800 PINES BLVD  
SUITE 325  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

PO BOX 5012  
WESTPORT, CT 06881 US

**FEI Number:** 84-2346033

**Certificate of Status Desired:** Yes

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

STANTON, CINDY  
15800 PINES BLVD  
SUITE 325  
PEMBROKE PINES, FL 33027 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 STANTON, CINDY  
Address PO BOX 5012  
City-State-Zip: WESTPORT CT 06881

Title MG  
Name BARCELO, BORIS  
Address 15800 PINES BLVD  
SUITE 325  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** CINDY STANTON

**MANAGER**

**01/21/2022**

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

\_\_\_\_\_  
Date