

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000274574

**Entity Name:** PHO-PXA, LLC

**Current Principal Place of Business:**

14629 SW 104TH ST  
#138  
MIAMI, FL 33186

**Current Mailing Address:**

14629 SW 104TH ST  
#138  
MIAMI, FL 33186

**FEI Number:** 84-3872014

**Certificate of Status Desired:** No

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

FATEHI, KEYVAN  
14629 SW 104TH ST  
#138  
MIAMI, FL 33186 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           | AR                 | Title           | AR                 |
| Name            | ALVAREZ, ALEJANDRO | Name            | FATEHI, KEYVAN     |
| Address         | 7845 SW 164TH PL   | Address         | 7 ALMOND TREE LANE |
| City-State-Zip: | MIAMI FL 33193     | City-State-Zip: | IRVINE CA 92612    |

*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:** ALEJANDRO ALVAREZ

**MANAGER**

**03/18/2021**

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

\_\_\_\_\_  
Date