

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000010537

**Entity Name:** PUBLIXX CA LLC

**Current Principal Place of Business:**

9163 AVENUE POINTE CIRCLE  
109  
ORLANDO, FL 32821

**Current Mailing Address:**

PO BOX 189  
WINDERMERE, FL 34786 US

**FEI Number:** 38-4135896

**Certificate of Status Desired:** No

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

MARTINEZ GRIMAN, EDGAR  
9163 AVENUE POINTE CIRCLE  
109  
ORLANDO, FL 32821 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 MARTINEZ GRIMAN, EDGAR  
Address 9163 AVENUE POINTE CIRCLE  
109  
City-State-Zip: ORLANDO FL 32821

Title AMBR  
Name RODRIGUEZ DEMARTINEZ,  
DURBELYS  
Address 9163 AVENUE POINTE CIRCLE  
109  
City-State-Zip: ORLANDO FL 32821

Title AMBR  
Name MARTINEZ, EDGAR R  
Address 9163 AVENUE POINTE CIRCLE  
109  
City-State-Zip: ORLANDO FL 32821

*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:** MARTINEZ GRIMAN, EDGAR

AMBR

03/14/2024

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

\_\_\_\_\_  
Date